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ABSTRACT

Described are the objectives, activities, and outcomes of a program to provide individualized educational programing to 55 multiply handicapped children from preschool through primary grades at the Western Pennsylvania School for Blind Children in 1971-72. Noted are staff cohesiveness in defining and implementing instructional programs and the value of positive reinforcement (away from primary rewards towards special privileges and intrinsic gratifications). Implementation of the following objectives are described: determination of behaviorally oriented tasks in the areas of communication, academic readiness, self care skills, and socialization; evaluation and intervention with 21 preschool children; provision of a special program for six children with complex learning and behavior problems; improvement or correction of articulation difficulties in 14 children; staff involvement in developing and organizing a written primary curriculum; development of a prevocational curriculum; and provision of educational guidance opportunities to parents through small discussion groups and individual conferences. Appended are a sample progress report, the instructional strategy form, an early education developmental checklist, case studies, a sample speech graph and report, an issue of the parent newsletter, and newspaper articles about the program. (DB)

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CHILD DEVELOPMENT PROJECT
Phase V

Sponsored by Western Pennsylvania School for Blind Children

and

Pennsylvania Department of Education

Funded under Title I ESEA P. L. 89-313

Project No. 48-73007-02-959

Evaluation Narrative
by

Janet G. Klineman, Ph. D.

Project Director

1972-73

EC090507

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I. Project Identification

A. Local Education Agency: Western Pennsylvania School for Blind Children

B. State Educational Agency: Pennsylvania State Department of Education

C. Title I, ESEA, P.L. 89-313 Child Development Project (Phase V) Project No. 48-73007-02 959

D. Amount Funded: $42,375

II. INTRODUCTION

The initial focus of the Title I projects at Western Pennsylvania School for Blind Children, beginning with the pilot project Phase I in July, 1969, was to develop objective individualized programs for a small population of multiply handicapped children. During the four-year period from 1969 to 1973, the focus and scope of the Title I projects broadened, bringing about changes in the Lower School.

Highly specialized medical, educational, and managerial procedures were needed. Multiply handicapped children who presented complex learning and behavior problems required many deviations from the school's regular procedures and great modifications in the instructional approach.

Children who previously did not respond to academic demands in regular classrooms or would otherwise have been denied admission to the School, mastered educational and social tasks of increasing difficulty. New channels of learning were discovered and developed. The children's responses to objective individualized programs led to their integration into regular classroom activities and the school's commitment to further develop programs for them. Negative attitudes toward such children appeared to change to positive ones as the staff searched for the best educational procedures for each child.

The focus of this Title I project for 1972-73 included

1. evaluation, early intervention and parental guidance for visually impaired children as soon as the children were diagnosed as deviating from the normal;
2. the further development of preacademic daytime and residential programs for young children with complex learning and behavior problems;
3. speech therapy for children with speech difficulties;
4. the development of a written primary curriculum for visually impaired and visually impaired multiply handicapped children.

Emphasis was placed on defining the best learning processes and environments for each child.

III. PROJECT POPULATION AND CLASSES

Thirty-six visually handicapped children were enrolled in the Primary School classes of the Lower School, and 37 children were enrolled in the Early Education Program. Fifty-five of these children had identifiable additional handicaps. Although individualized instruction and specific activities were planned for the multiply handicapped children, all of the Lower School children received direct and indirect services from this project.

The Primary classes included Classrooms 1, 2 and 3*, the Remedial Room and the Special Classroom or Balloon Room. The Early Education population consisted of children in the Nursery and Kindergarten classes, seven preacademic children who required special educational programs, classrooms, dormitory and staff, and 20 children, infants to five years of age, who attended a part-time preschool program. Depending on the family's geographic location and availability of transportation, the preschool children's attendance varied from two or three mornings a week to once a month. Children were referred throughout the year when seen by professionals in the Pittsburgh area and as the program became known throughout western Pennsylvania.

Eight children with visual and auditory handicaps participated in a Title VI-C Educational Project for Deaf Blind Children funded under the auspices of the Mid-Atlantic North and Carribbean Regional Center for Services to Deaf Blind Children. These children ranged in age from a ten-month-old girl with the Rubella syndrome to a teen-age boy in the Upper School. Five of the children were residential students in the Lower School. One child was integrated into regular third-grade activities; the other four received individualized instruction from the Title VI project staff or from Title I child-care workers. The teacher of the deaf met with the high school boy during his English class daily as his interpretor so he could be an active participant in the class and so he could improve his manual communication skills.

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*These classrooms were originally called Grades 1, 2, and 3 but were changed because of the great range of children's abilities in each room.

The teacher of the deaf also met with six of the young multiply handicapped children to stimulate the development of their language. A detailed report of the Title VI-C 1972-73 Educational Project for Deaf-Blind Children is available.

Thirteen of the multiply handicapped children had useful vision and may learn to read ink print and twelve were ink print readers. Thus 45.5 per cent of the 55 legally blind multiply handicapped children had useful vision.

There were 35 boys and 20 girls in the project's multiply handicapped population.

Nine visually impaired multiply handicapped children not enrolled at the Western Pennsylvania School for Blind Children were seen for educational evaluations. Suggestions were made for their educational programs.

The birthdates, sex, visual information, additional handicaps and room or school placements of the multiply handicapped population are presented in Table I. The preschool daytime population is listed in Table II. The same student numbers are used throughout this evaluation report to identify the children for pre- and post-data.

TABLE I

VISUALLY IMPAIRED MULTIPLY HANDICAPPED CHILDREN
Child Development Project 1972-73

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Room Placement
Primary children					
1.	4/27/62	M	Useful residual vision.	Emotionally disturbed; educable retardation.	Classroom 2 and Special Classroom
2.	11/3/63	M	Near vision-2/200 in both eyes. Distance vision-8/400 in both eyes. Large Type reader.	Arrested hydrocephalus; slow learner.	Classroom 2
3.	9/22/66	M	3/200 in both eyes.	Profound hearing loss in right ear; speech problems; undetermined retardation.	Classroom 1
4.	9/24/64	F	Light perception in both eyes. Bilateral detached retinas from trauma in infancy.	Emotional immaturity; educable retardation.	Classroom 2 Resource Room

TABLE 1 - Continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Room Placement
5.	12/19/61	M	Useful residual vision. Reads large type. Bilateral optic atrophy and pendular nystagmus.	Hemangioma of the central forehead; cerebral palsy; convulsive disorder emotional problems.	Classroom 3 Special Classroom
6.	6/6/62	M	No useful vision. Optic nerve damage. Nystagmus.	Myclomeningocela; hydrocephalus, arrested; flacied paralysis of both lower extremities; can walk with crutches. Needs wheelchair most of the time.	Classroom 3 Resource Room Day student Resident at Home for Crippled Children.
7.	11/15/63	M	No light perception in left eye. Useful residual vision in right eye. Wears corrective lenses.	Fluency problem; emotionally immature; undetermined retardation.	Classroom 2 Resource Room
8.	6/1/64	M	10/200 in both eyes.	Emotional problems; underachievement.	Classrooms 1 and 2

TABLE I - Continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Room Placement
9.	4/11/63	F	Sees hand movement at 1 foot with both eyes. Responding to visual stimulation training.	Emotional problems. Involved in therapy at Pittsburgh Child Guidance Center. Underachievement in academic subjects.	Classroom 3 Resource Room
10.	11/19/64	F	No light perception. Retrolental fibroplasia.	Cerebral palsy; right hemiparesis.	Classroom 1
11.	12/22/63	M	20/400 both eyes.	Environmental deprivation; undetermined retardation.	Classroom 1
12.	5/9/63	M	Light perception in right eye only.	Emotionally disturbed; undetermined retardation.	Classroom 2 Special Classroom
13.	7/23/64	M	4/200 in left eye. 5/200 in right eye. Albinism.	Emotionally disturbed; hyperactivity; learning disabilities.	Classroom 3 Resource Room

TABLE I - Continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Room Placement
14.	3/18/60	M	No light perception in both eyes. Microphthalmus.	Retardation; emotionally disturbed.	Trainable class
15.	7/10/66	M	Useful residual vision. 19/200 in both eyes. Nystagmus, retinal pigmentary degeneration, amblyopia.	Speech problems; cerebral palsy, spastic right hemiparesis.	Classroom 1
16.	7/5/63	M	No light perception in right eye. Light perception in left eye.	Speech and hearing problems. Wears hearing aids.	Classroom 3
17.	3/21/63	M	Light perception in both eyes.	Emotionally disturbed; involved in therapy at Pittsburgh Child Guidance Center.	Classroom 3
18.	8/2/63	M	10/200 in right eye. 6/200 in left eye.	Learning disabilities.	Classroom 3 Resource Room Replaced in public school program May, 1973.

TABLE I - Continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Room Placement
19.	9/4/62	F	No light perception.	Microcephaly; undetermined retardation; improving emotional problems.	Classroom 2 Resource Room
20.	5/12/62	F	No light perception.	Brain surgery December, 1969 astrocytoma; left hemiparesis.	Classroom 3 Trainable Class
21.	10/31/66	M	Light perception in both eyes.	Brain surgery June, 1971; benign subfrontal astrocytoma partially removed; responded to radiation.	Classroom 1
22	5/24/66	M	Useful residual vision. Wears corrective lenses.	Developmental lags; resolving distractibility.	Classroom 1 Special Classroom
23	7/25/65	F	15/200 in both eyes. Congenital amiridia, bilateral cataracts. Wears corrective lenses.	Wilm's tumor - one kidney removed; speech problems; teeth destroyed from medication.	Classroom 1

TABLE I - Continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Room Placement
24.	5/15/63	F	No light perception. Bilateral cataracts.	Resolving autism; educable retardation.	Classroom 2 Special Classroom
25.	7/1/62	M	20/800 in right eye. 20/50 in left eye. Optic atrophy.	Hydrocephalus arrested; secondary to shunt. Neurological impairments; wheelchair needed most of the time, but he is learning to walk.	Classrooms 2 and 3 Day student Resident at Home for Crippled Children.
26.	7/21/65	F	20/200 in both eyes.	Undetermined retardation.	Classroom 1
27.	10/4/64	M	20/400 in both eyes.	Undetermined retardation.	Classroom 1 Started May 8, 1973.
28.	5/14/67	F	No eyes. Wearing prostheses.	Emotional immaturity.	Kindergarten
29.	10/5/67	M	Less than 20/200 in both eyes. Congenital nystagmus.	Cultural deprivation.	Kindergarten

TABLE I - Continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Room Placement
30.	2/18/67	F	5/400 in both eyes. High myopia. Nystagmus. Useful residual vision. Wears corrective lenses.	Articulation problems	Kindergarten
31.	7/29/68	M	20/200 in both eyes.	Developmental lags.	Kindergarten Started in February, 1973
32.	11/27/67	F	Useful residual vision. Wears corrective lenses.	Language and speech problems; emotionally immature; mild cerebral palsy.	Nursery
33.	5/27/65	F	5/200 in right eye. Light perception in left eye.	Cerebral palsy; educable retardation.	Kindergarten Monday to Friday noon. Resident at Western State School and Hospital.
34.	11/3/67	M	Useful residual vision in both eyes. High myopia. Wears corrective lenses.	Emotionally disturbed; resolving elective mutism.	Kindergarten

TABLE I - Continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Room Placement
Preacademic Residential Children					
35.	1/24/68	F	Right eye enucleated. Light perception in left eye.	Severe language delay; emotionally disturbed.	Individualized program with child-care workers.
36.	12/17/65	M	Light perception in right eye. Left eye enucleated. Retrolental Fibroplasia.	Emotionally disturbed; recurrent bilateral serious otitis media.	Classroom 1 and individualized program with child-care workers.
37.	3/24/65	M	No useful vision. Retrolental Fibroplasia. Cataracts.	Environmental deprivation; convulsive disorder; undetermined retardation.	Kindergarten and individualized program with child-care workers.
38.	11/7/68	M	Light perception in both eyes.	Undetermined hearing loss; did not respond to pure tone at 100 db. No speech. Developmental delays in every area.	Deaf-Blind Project class. Individualized program with Title I child-care workers.

TABLE I - Continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Room Placement
39.	8/21/67	F	No light perception. Bilateral cataracts.	Emotional immaturity; developmental delays; sister of #24.	Nursery and individualized program with child-care workers.
40.	8/12/67	M	Light perception in both eyes. Retrolental Fibroplasia.	No speech; retardation undetermined; undetermined hearing loss.	Deaf-Blind Project class. Individualized program with Title I child-care workers.
41.	8.17/66	F	Useful residual vision.	Microcephaly; educable retardation; emotional immaturity.	Kindergarten and individualized program with child-care workers.

TABLE I - Continued

Student Number	Birthdate	Sex	Visual Information	Additional Disabilities	Functioning Level and Placement
Children Evaluated but Not Currently in Program					
42	3/10/60	F	No useable vision. Optic atrophy.	Severe mental retardation.	Trainable Resident Western State School & Hospital
43	3/24/61	M	Right enucleation. Congenital glaucoma.	Mental retardation.	Trainable Resident Cresson State School & Hospital
44	12/10/63	M	Congenital aniridia.	Post rubella syndrome	Trainable Resident Cresson State School & Hospital
45	10/18/59	F	Bilateral cataracts	Severe retardation. Cerebral palsy with ataxia and spasticity.	Trainable Resident Horizon Home
46	2/26/67	F	No useable vision. Scarred corneas.	Developmental retardation.	Trainable Attends McKeesport Preschool for Retarded Children

TABLE I - Continued

Student Number	Birthdate	Sex	Visual Information	Additional Disabilities	Functioning Level and Placement
47	9/30/70	M	Retrolental fibroplasia. No useful vision.	Developmental delay	Toddler Allegheny Itinerant Preschool Program
48	5/29/66	M	Light perception in both eyes.	Developmental retardation.	Trainable Northwade School Trainable Class
49	6/13/71	F	Light perception in both eyes.	Cerebral palsy; severe motor involvements. Hydrocephalus, shunted. Undetermined retardation.	United Cerebral Palsy Association Program
50	9/17/66	F	Light perception in both eyes. Cortical blindness.	Severe retardation; Cerebral Palsy; motor development less than one year. Language and speech delays.	No program at time of evaluation.

TABLE II

PRESCHOOL DAY CHILDREN
Child Development Project 1972-73

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Funcationing Level
51	1/31/70	M	Light perception in both eyes. Retrolental fibroplasia.	None	Pre-academic
52	1/20/70	F	Light perception in both eyes. Malformation in pre-natal period (Leber's Congenital Anurosis)	None	Pre-academic
53	10/2/71	M	Albinism. Rotary nystagmus	None	Toddler
54	7/13/68	F	Useful residual vision.	None	Pre-academic
55	10/7/70	M	Colloboma. Useful residual vision.	Motor delay	Toddler
56	7/16/70	M	Optic atrophy	Mild motor retardation.	Toddler

TABLE II - Continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Functioning Level
57	11/8/70	M	Bilateral nystagmus. Bilateral aphalia. Useful residual vision. Corrective lenses.	Slight social retardation; developmental delay	Toddler
58	6/23/70	M	Visual impairment secondary to trauma.	Possible right hemiplegia.	Infant
59	3/15/70	M	LP plus cortical blindness.	Ataxia	Toddler
60	5/25/70	F	No useful vision.	Developmental delay in all areas of functioning.	Infant
61	1/26/70	M		None	Toddler
62	11/26/68	F	Retrolental fibroplasia	Generally delayed development.	Toddler
63	7/26/70	M	Retrolental fibroplasia	Language delay	Toddler

TABLE II - Continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Functioning Level
64	1/9/71	F	No usable vision.	Severe mental retardation; myoclonic seizures; cerebral palsy; microcephaly.	Infant
65 *	12/30/70	M	Congenital anopthalmus	Developmental delay	Toddler
66	3/15/70	F	Congenital Bilateral cataracts. Congenital glaucoma.	Emotionally immature	Toddler
67 *	2/5/70	M	Useful residual vision.	Developmental delay	Toddler
68	10/30/71	M	L.P.	None	Toddler
69	12/27/70	M	Nystagmus. Useful residual vision.	Developmental delays	Toddler
70	7/6/69	F	Useful residual vision. Congenital aniridia Cataracts.	Language delay; emotionally immature	Toddler

* Seen on a regular basis by staff of Allegheny County Itinerant Preschool Program.

IV. MAJOR OBJECTIVES

Implementation and Evaluation Procedures, Summaries of Pre- and Post-data, and Elimination of Gaps or Weaknesses for which the Project Objectives Were Designed

A. To determine behaviorally oriented tasks for the individualized instruction of multiply handicapped visually impaired children in the primary grades (or special programs) of the Lower School in the areas of communication skills, academic readiness, self-care skills, and socialization by means of objective assessment procedures.

1. Implementation procedures

Multiply handicapped children were integrated into the regular classroom and dormitory activities of the Lower School. Objective assessment scales and tests and observations of the children's performance in specific situations were utilized to determine their functioning levels in the areas of communication skills, academic readiness and academic subjects, and personal-social development. After participating in opening exercises in classrooms 1, 2 and 3 and the Kindergarten, the children were then divided into small developmental groupings according to their functioning levels. For example, five children were assigned to the special class described under Objective C; five other children were assigned to the Remedial Room during the mornings.

Tasks the children did not perform on the scales and tests became specific tasks in sequential order for their individualized instruction. Guidelines for teaching procedures were adapted from Stephens's Directive Teaching for Children with Learning and Behavioral Handicaps. Following these procedures during previous projects, children performed tasks of increasing difficulty starting at their individual levels. It was important to structure contingencies and to reinforce each child according to pre-established terminal criteria. Each child needed to know

exactly what he was expected to do for his reward or verbal praise. Children were questioned and observed to determine their most meaningful reinforcers.

Behavior modification techniques were used to create an atmosphere that learning was fun and a rewarding experience. The ultimate goal in utilizing positive reinforcers was to advance children from food and token rewards to social reinforcers and intrinsic rewards.

Child-care workers taught part-time preschool multiply handicapped and preacademic residential children with complex problems in the same objective ways. Often a child-care worker's role was to help a multiply handicapped child become a member of a class. As a child with complicated problems started to resolve them, his rewards were often to join group activities with the support of his child-care worker. In reverse, if a child who seemed ready for integration became disruptive in a classroom, his child-care worker removed him from the class for a talk session and "cooling off" period.

Each child in the Lower School was "special" and had something special about his schedule. He had opportunities to demonstrate his abilities, to receive remedial help and discover new interests. A boy, student No. 18 in classroom 3, had completed the Third Grade reading series the year before as a listening student. Using tape recordings again he participated in the Fourth Grade reading class. His ink print reading skills were at the Second Grade level, so he received remedial help on a one-to-one basis in the Remedial Room for a period each afternoon. Student No. 6, also in classroom 3, was a day student of Western Pennsylvania School for Blind Children and lived at the Home for Crippled Children. He spent his morning in the Remedial Room and had special one-to-one sessions in the afternoon to improve his braille skills. Student No. 5 participated in opening exercises in classroom 3 and then went to the Balloon Room each morning. He visited a shoe repair store

and departments in a supermarket to learn about work he might do someday. A girl not in the multiply handicapped population, who was also a member of Classroom 3, participated in a Fourth Grade arithmetic group as a result of her performance on diagnostic tests.

Every possible channel for learning was stimulated with each child. Any useful residual vision was stimulated for greater near and distance efficiency. Listening skills were assessed and taught. Some children who had had failing experiences with other modes for learning were able to use the auditory channel for learning successfully. Children were given a variety of experiences to develop hand manipulative skills and to improve the sense of touch. They were given many opportunities to develop expressive language and to gain confidence in discussing their ideas and feelings.

Children were scheduled throughout the day on an individual or small group basis for activities such as orientation and mobility[1], visual stimulation, techniques of daily living and piano lessons.

The Magic Circle of the Human Development Program by Bessell and Palomares was introduced by Mrs. Chechile of the Title I project staff. She met with small groups of children which included children in the project population as well as the general Lower School population to encourage them to express their positive and negative feelings. They discussed things they enjoyed doing, things they liked about others, objects they liked, and ways of dealing with anger, fear and jealousy.

2. Evaluation Procedures and Pre- and Post-Data

Data which had been compiled for primary school children who participated in previous Title I projects at the School and who were still enrolled in the Lower School were utilized as pre-data for this Project. New students with multiply

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[1]All primary and kindergarten children participated in the Title I 1972-73 Mobility Training Project for Young Children #42-7267-02-959. Evaluation reports of the project's significant results are available at Western Pennsylvania School for Blind Children.

handicaps were assessed as part of their introduction and orientation to the School.

Standardization procedures and norming data for the tests used groups of normal children or blind children with no additional handicaps. Therefore, the assessments were scored by the number right and only raw scores were used to show gains or losses. Because of the varied ways in which multiply handicapped children and their programs differ from one another, grouping them even for study purposes did not appear to be feasible.

Assessment scales and tests provided quantitative pre- and post-data and specific behaviorally oriented tasks for the children's individualized programs, but periodically observed behavior unique to many of the children needed to be written to complete the evaluation of a child's response to instruction. See Appendix A for a sample report. Instructional strategies and task charts were used to provide samples of specific data about the child's response to learning situations. See Appendix B.

The organization of check lists described under academic readiness in this section was a useful tool for evaluating the children's accomplishments and for recording their progress for home reports and school records.

Video tape recordings were taken periodically to illustrate the children's responses to their individualized programs.

a. Communication skills

For the development of individualized programs, communication skills were divided into receptive and expressive language areas. Receptive language involved the major modes of learning or inputs -- visual, auditory, and tactile. Expressive language included the oral and written forms.

The Barraga Visual Discrimination Test (Revised Edition) was used to obtain post-scores for children who had responded to visual stimulation. The test was

designed for children who scored in the normal range on intelligence tests. The multiply handicapped children may have had difficulties other than visual ones in answering the questions correctly. The scores are presented in Table 3.

An auditory identification and comprehension assessment which was organized for previous projects was used again. The first ten tasks required the identification of common environmental sounds from Auditory Training of Familiar Sounds No. T139, produced by Developmental Learning Materials, Chicago, Illinois; the next seventeen items were simple questions from Karnes' Helping Young Children Develop Language Skills; the remaining fifty items were recall-type questions from the Gilmore Oral Reading Test. It was assumed by Gilmore that comprehension of the paragraphs became more difficult and that the questions would thus differentiate readers of varying degrees up to Eighth Grade level. All of the seventy-seven items were tape recorded and presented to each child with the same instructions. The equivalent forms A and B were used alternate years. The scores are presented in Table 4. The results indicated that multiply handicapped children who have poor braille or ink print reading skills were able to comprehend information by means of their auditory channels for learning at higher levels than by any other mode.

An attempt was made to utilize The Test of Non-Verbal Auditory Discrimination, TENVAD, (Experimental Edition) by Buktenica for further evaluating the children's listening skills. The test was constructed for the purpose of assessing auditory discrimination in young children. It is made up of 50 pairs of tones in five subtests -- Pitch Test, Loudness Test, Rhythm Test, Duration Test and Timbre Test -- each having ten pairs of tones. A child-care worker administered it individually to a sample of seven Classroom 1 children. There

TABLE 3

Barraga Visual Discrimination Test (Revised)

There are 48 items on the test.

Student Number	Pre-Scores June, 1972	Pre-Scores January, 1973	Post Scores June, 1973	Gains or Losses	Comments
Primary School Children					
2	38		28	-10	Student did not have his glasses. They were being repaired.
22	19		26	+7	
5	41	31	30	-11	Note diagnostic information. Many factors involved in his performance.
11	39		30	-9	
15	38		40	+2	

TABLE 3 Continued

Student Number	Pre- Scores June, 1972	Pre- Scores January, 1973	Post-Scores June, 1973	Gains or Losses	Comments
Primary School Children					
26		9	26	+17	
13		28	37	+9	
Students new to the Program					
3			15		Classroom 1
8			30		Classroom 1 and 2
7			25		Classroom 2
Kindergarten Children					
29			21		
34			28		

TABLE 3 Continued

Student Number	Pre-Scores June, 1972	January, 1973	Post-Scores June, 1973	Gains or Losses	Comments
Kindergarten Children					
30			24		
41			2		

TABLE 4
Auditory Identification and Comprehension Test
There are 77 items on the test.

Student Number	Scores June, 1971 Form A	June, 1972 Form B	June, 1973 Form A	Room Placement	Other forms of Reading
Primary School Children					
6	24	41	44	Classroom 3 and Remedial Room	Braille
13	--	50	45	Classroom 3 and Remedial Room	Ink Print
9	--	31	50	Classroom 3 and Remedial Room	Braille
16	32	25	44	Classroom 3	Braille
20	33	39	35	Classroom 3 and Individualized Program	No vision, but unable to learn braille
2	33	32	37	Classroom 2	Ink Print

TABLE 4 Continued
Auditory Identification and Comprehension Test

Student Number	Scores June, 1971 Form A	June, 1972 Form B	June, 1973 Form A	Room Placement	Other forms of reading
Primary School Children					
5	15	42	36	Classroom 2 and Remedial Room	Braille
7	--	30	39	Classroom 2 and Remedial Room	Ink Print
19	12	32	35	Classroom 2 and Remedial Room	Braille
22	10	28	38	Classroom 1 and Balloon Room	Ink Print
15	8	23	31	Classroom 1	Ink Print
23	ab	2	31	Classroom 1	Ink Print Readiness
10	6	9	32	Classroom 1	No useful vision, but unable to learn braille so far

TABLE 4 Continued
Auditory Identification and Comprehension Test

Student Number	Scores June, 1971 Form A	June, 1972 Form B	June, 1973 Form A	Room Placement	Other forms of reading
Primary School Children					
21	--	abs.	28	Classroom 1	Braille Readiness
11	--	10	27	Classroom 1	Ink Print
3	--	--	26	Classroom 1 new student	Ink print readiness
8	—	—	37	Classroom 1 and 2 new student	Ink Print
26	--	--	20	Classroom 1 new student	Ink Print
Kindergarten Children or Children functioning at Kindergarten level					
29			35	Kindergarten new student	Ink Print Readiness

TABLE 4 Continued
Auditory Identification and Comprehension Test

Student Number	Scores June, 1971 Form A	June, 1972 Form B	June, 1973 Form A	Room Placement	Other forms of reading
Kindergarten Children or Children functioning at Kindergarten level					
39			12	Kindergarten and individualized program with child care workers	Braille readiness
14			29	Trainable Class	Braille readiness
31			18	Kindergarten new student	Ink Print readiness
33			6	Kindergarten	Ink Print readiness
34			17	Kindergarten	Ink Print readiness
41			5	Kindergarten and individualized program with child care workers	Ink Print readiness

TABLE 4 Continued
Auditory Identification and Comprehension Test

Student Number	Scores June, 1971 Form A	June, 1972 Form B	June, 1973 Form A	Room Placement	Other forms of reading
Pre-Academic students in Special Programs					
36	8	7	29	Classroom 1 and individualized program with child care workers	Braille readiness
37	6	7	13	Kindergarten and individualized program with child care workers	Braille readiness
16	13	20	33	Classroom 2 and Balloon Room	Braille Readiness
1	not testable	absent	18	Classroom 2 and Balloon Room	Braille and Large Type readiness
24	8	12	18	Classroom 2 and Balloon Room	Braille readiness
5	20	24	33	Classroom 3 and Balloon Room	Ink Print

were many difficulties in presenting the test because of the poor quality of parts of the tape and the lengthy listening time required for each child. Group testing was not feasible for the project population. Further experimentation with the test will be tried in the future, if feasible.

If a child had no useful residual vision, Volume III of the Touch and Tell Series, American Printing House for the Blind, was used to evaluate his tactile discrimination and readiness for braille instruction.

Children's expressive language was evaluated by staff members in terms of speech difficulties, vocabulary, and sentence structure. Nine children were referred for speech therapy. See Objective D. Children with developmental lags in expressive language were involved in special programs and the Communication Evaluation Chart from Infancy to Five Years by Anderson, Miles and Matheny was used for their evaluations. Children of such functioning levels are included in Objective B.

b. Academic readiness

The Kindergarten Evaluation of Learning Potential by Wilson and Robech was used to assess children at pre-academic levels and to provide guidelines for instruction. Table 5 presents pre- and post-data for children previously in the program and scores for multiply handicapped children who entered the school during the year.

Arithmetic and reading check lists were developed as part of the evolving written curriculum discussed in Objective E. Guidance for writing the check lists and diagnostic tests for dividing the children into small groups for instruction was provided by Dr. Moore of the University of Pittsburgh and Mr. Evancic of the WPSBC mathematics department. The check lists were used to determine behaviorally oriented tasks for instruction and to denote

TABLE 5

Kindergarten Evaluation of Learning Potential (K E L P) by John Wilson and Mildred Robeck.

The KELP test was designed to be used for evaluation as well as teaching. Items relevant for the assessment of visually limited and totally blind children were selected.

Children with useful vision
84 points total score for assessment

Student Number	June, 1971	June, 1972	June, 1973	Comments
1	47	25	60	Only half of the test could be administered in 1972. Balloon Room student
3	-	-	63	Started in classroom 1 September, 1972.
11	-	-	69	Started in classroom 1 September, 1972.
15	33	67	80	Integrated into classroom 1 activities.
22	25	70	84	Integrated into classroom 1 activities
23	36	41	56	Had difficulties accomplishing classroom 1 tasks.

TABLE 5 Continued

Student Number	June, 1971	June, 1972	June, 1973	Comments
26	-	-	57	Started in classroom 1 September, 1972.
29	-	-	62	Started kindergarten in September, 1972- color discrimination difficulties.
30	-	-	65	Started kindergarten in September, 1972.
33	-	5	20	
41	not testable	8	37	Individualized program with a child care worker.
	Children with no useful vision 66 points total score for assessment			
10	14	31	40	
12	18	58	66	
21	-	51	51	
24	37	63	65	

TABLE 5 Continued

Student Number	June, 1971	June, 1972	June, 1973	Comments
36	not testable	not testable	47	
37	10	absent	19	
39	-	not testable	23	

the children's progress. A copy of each child's check list was mailed home at report card times instead of giving the child a mark.

The arithmetic checklist used in Classroom 1 is presented in Table 6. Table 7 summarizes children's pre- and post-accomplishments according to the check list.

Table 8 contains the reading readiness check list which was adapted from objectives of the First Grade Level of the Betts Reading Series. Table 9 summarizes the children's pre- and post-accomplishments.

c. Self-care skills

Hait's scales for the development of Self-Help Skills in Multiple Handicapped Children was used as a guideline by houseparents and child-care workers to help the few children in the regular dormitories who had not mastered independence in the performance of daily living skills.

Children #10 and #33, who have motor handicaps due to cerebral palsy, made slow progress but acquired new skills with the help of child-care workers.

Child #14, who required complete physical and verbal help in all of his daily living skills in 1971-72, performed the skills with only verbal cues and some on his own by June, 1973. Occasionally his toilet training regressed.

Children #1, #15, #22, #23 and #24, who graduated from the special Title I classroom and dormitory in the past two years, performed expected skills but needed verbal cues on some occasions. Table 14 under Objective B presents the child-care worker's tabulations of the number of self-help skills the residential preacademic children in the special dormitory learned to perform in terms of the scale.

d. Socialization

The importance of socializing with others, adults and children, was emphasized throughout the Lower School program. The children were actively involved in social

TABLE 6

Arithmetic Readiness

Child:

___1. Identifies larger than and smaller than.

___2. Matches one-to-one to determine greater than, less than, or equivalence.

___3. Counts to five.

___4. Counts number property of a set.

___5. Constructs number property of a given number (1-5 objects).

___6. Reads and identifies numerals 0-5.

___7. Writes numerals 0-5.

___8. Discriminates between numerals 0-5 by size of number.

___9. Counts to 10.

___10. Given ordered and unordered sets of objects, counts them to determine the number property of the set. (0-10 objects)

___11. Reads and identifies numerals 0-9.

___12. Writes the numberals from 0 through 9.

___13. Given two one-digit numera, identifies which is greater or which is less.

___14. Given a one-digit number, indicates the numeral before or after it in counting order; and, given two one-digit numbers, indicates the number between them.

___15. Given three one-digit numbers, identifies which is the largest, which is the smallest, and which is between the other two in value.

___16. Given any three one-digit numbers, orders them from smallest to largest or from largest to smallest.

___17. By counting, compares two or more sets of objects, or a set of objects with a set of one or more numerals, to identify more, less, equivalent.

___18. Given two sets of objects, adds objects to, or takes objects away from, one set to make it equivalent to the other.

TABLE 6 (Continued)

Child:

____19. Given two sets of objects, performs the union of the sets. (The union set should contain no more than 9 objects).

____20. Given a set of objects, performs the removal of a given subset. (The given set should contain no more than 9 objects.)

____21. Given situations in which he has performed unions and removals with concrete objects, states the number sentences associated with these actions. (Sums to 5.)

____22. Given situations in which he has performed unions and removals with concrete objects, states the number sentences associated with these actions.(Sums to 9.) Examples should be presented in families.

____23. Given a number sentence, illustrates addition and subtractions by performing unions and removals indicated, using concrete objects. (Sums to 9.)

____24. Given concrete models or pictures of squares, triangles and circles, identifies the specified shape.

____25. Names days of week in order.

____26. Moves hands of clock to any o'clock position.

____27. Identifies important times of day.

____28. Given a collection of U. S. coins, locates coin specified.

____29. States the value of coin in cents.

Table 7

Arithmetic Readiness Accomplishments

Total of 29 items

Student Number	Date January, 1973	Date June, 1973	Gain	Loss
3	3	5	2	
8	24	29	5	
10	3	6	3	
11	21	27	6	
21	5	9	4	
23	3	9	6	
26	3	7	4	
27	new student May, 1973	25	--	
22	19 March, 1973	28	9	
36	--	--	Responded to individualized program with child care worker. Lengthy reports available.	
15	23	27	4	

TABLE 8

Reading Readiness -- Preprimer Level

Child:

___1. Discriminates colors.

___2. Discriminates simple pictures.

___3. Discriminates letters.

___4. Discriminates words.

___5. Demonstrates memory of letters and words.

___6. Discriminates likenesses and differences.

___7. Listens with comprehension.

___8. Discriminates rhyming words.

___9. Discriminates beginning sounds.

___10. Identifies capital and small letter forms.

___11. Classifies items.

___12. Relates spoken words with printed symbols.

___13. Listens for letter names in words.

___14. Predicts outcomes.

___15. Recognizes sequence.

___16. Relates sounds to letters.

___17. Reads preprimers

- ___a. On Our way
- ___b. Time to Play
- ___c. All in a Day

___18. Relates main idea of a reading story.

___19. Works out new words independently.

___20. Reads independently for enjoyment.

Table 9

Reading Readiness Accomplishments

Total of 20 items

Student Number	Date January, 1973	Date June, 1973	Gain	Loss
3	5	11	6	
8	10	18	8	
10			Auditory student Checklist to be ready 1973-74	
11	6	15	9	
21			Wrote and read 6 basic braille words	
22	16 March, 1973	18	2	
23	5	5	--	--
26	4	5	1	
27	new student May, 1973	20	--	--
36	--	--	Responded to individualized program with child care worker. Lengthy reports available.	
15	10	20	10	

experiences in the classrooms and dormitories. Visitors often commented about the social atmosphere and were responsive to it.

The Maxfield-Buchholz Scale of Social Maturity for Use with Preschool Blind Children was used to provide pre- and post-data for multiply handicapped children who participated in the previous Title I projects and who were integrated into the primary programs this year. The scale contains items ranging from infancy to six years of age. Table10 shows the children's progress over a two-year period. The Maxfield-Buchholz Scale was also used for younger and preacademic children who are discussed in Objective B.

The Bristol Social Adjustment Guide -- The Child in School was used to evaluate children who participated in the special classroom last year and/or this year. The evaluation data is presented in Objective C.

3. Elimination of gaps and weaknesses

More positive attitudes were developed toward multiply handicapped children and their management. Instead of being dismayed by the children's learning and behavior problems, staff members developed educational programs for the children based on their educational assessments and their best modes for learning.

Regardless of age or classroom placements, children were grouped for instruction according to their developmental levels. Individualized instruction, task analysis and positive reinforcement techniques were used more extensively for the children in regular classrooms. The staff seemed more aware of helping children with the learning process rather than just teaching academic knowledge.

Children with any useful residual vision, distance or near, were encouraged to use it as efficiently as possible. Greater emphasis was given to the development of listening skills for slow braille and ink print readers. There was also a greater concentration on helping children develop social skills and techniques for daily living.

TABLE 10

MAXFIELD-BUCHHOLZ SCALE OF SOCIAL MATURITY
FOR USE WITH PRESCHOOL BLIND CHILDREN

There are 95 items on the scale.

Student Number	Dates June 1971	June 1972	June 1973	Gain or Loss 1972-73	Grade Placement
1	83	94	94	--	Special Room
15	81	87	93	+6	Classroom 2
22	83	90	92	+2	Classroom 2
23	79	82	80	-2	Special Room
24	76	82	91	+9	Special Room

The behavior modification technique of giving children opportunities to earn tickets for completing educational tasks and redeeming them once a week at a "store" was made available to all children in the Lower School. The growth of the ticket system, however, created the need for in-service training for staff consistency in its use and interpretation. The value of various kinds of positive reinforcement, especially verbal praise and opportunities for special privileges, was more widely accepted by staff.

Staff members from the Upper School visited the Lower School to observe the children and to gain information about their educational programs in preparation for the children's promotion to the Upper School.

B. To evaluate and to provide early intervention for visually impaired children from infancy to eight years of age.

1. Implementation procedures

Each child seen in the Early Education Program was initially evaluated in the areas of self-care, orientation and mobility, communication, and personal-social behavior. The evaluation included observation of the child with and without his parents and in structured and unstructured situations. If medical and psycho-social data were not available, a child considered for admission to the program was referred to the Developmental Clinic of Children's Hospital of Pittsburgh for such information. It was important to identify any conditions which might be ameliorated by surgery, therapy and by corrective measures and to have knowledge about any disabilities which were considered irreversible. The comprehensive evaluation by specialists at the Developmental Clinic provided the multidisciplinarian team approach for a child's case study.

The educational evaluation period at the School ranged from one day to one month dependent upon the age of the child. Generally children under two years of age were evaluated during the initial session and suggestions were given to the parents for concentration during the time between monthly sessions. All other children were evaluated over the course of their first month of attendance.

Implementation of each child's educational program was performed by child-care workers under general and direct supervision of the project director and the program coordinator. Underlying the teaching of educational tasks was the primary relationship established between the child and the child-care worker. All interactions focused upon building basic trust as it facilitated acquiring developmental milestones, exploratory behavior, and creativity and curiosity in the child. Since many of the children had other physical or emotional handicaps in addition to visual

handicaps, this approach was deemed requisite to providing the children with appropriate and plentiful success experiences.

Combined with this humanistic approach to learning was an objective educational program covering the areas of motor development, orientation and mobility, communication, self-care and personal-social development. Tasks the children did not perform on appropriate assessment scales and tests became tasks in sequential order for their individual intervention programs. Each child's responses to visual, tactile, auditory and olfactory stimulation were observed. Specific learning opportunities were then structured to improve the child's sensory discrimination, if feasible.

Behavior modification techniques were utilized as approriate. The goal for each child was to move from primary rewards to more generalized social reinforcements and intrinsic reinforcements. As the children related more fully to the assigned child-care worker, they gained competence and confidence and began to accept the removal of tangible rewards and their replacement with social rewards in the form of affection and verbal praise.

Each child's individualized program provided him various learning opportunities to develop necessary skills and abilities within the framework of a close relationship with a loving, supportive adult.

Parent participation was an important part of the implementation of the early education program. Various participatory liaisons were established with parents to provide a consistent approach to the child in the school program and at home. The underlying goal was to engage parents in the educational programs of their children.

Individual conferences were held frequently between parents and staff concerning the child's individual program and his progress. Parents of children under two were present during the child's scheduled sessions and were

encouraged to demonstrate the child's abilities and newly gained skills. Their personal assessments of the child and their desires for his future behavior provided information for discussions of specific skill acquisition and management techniques. Parents of day students between the ages of two and five held conferences with staff each time they brought their children. These times were used to report progress or discuss problem areas. In addition, staff members reported daily activities to the parents and gave suggestions for activities to be continued at home. Parents of residential children generally held short weekly discussions with staff. These times were devoted to reporting the week's activities and specific tasks the child was learning to perform.

Parents and staff worked together in collecting information about the child's behavior as it related to current tasks. For example, parents were asked to keep toilet records as part of the toilet training process. They were asked to note the child's sleeping patterns and eating behavior as necessary. Thus, parents received weekly information about their children and in return provided similar information concerning the child at home. These mutual efforts were essential in establishing consistency for the child and enhanced his progress in designated areas.

In addition to individual conferences, some parents participated in parent discussion groups. Parents who participated generally found these groups supportive and in the case of parents of day students, gave them a fuller sense of participation in the school.

Several home visits were made, again in an effort to achieve consistency and to support parents in the implementation of educational tasks. These visits provided opportunities for close personal communication between staff and parents. The parents involved in these visits were relaxed with staff members and expressed positive feelings about the

visits. In one instance, a liaison was formed between parents, a staff member, and a social worker from the Pittsburgh Branch, Pennsylvania Association for the Blind. The staff member and the social worker visited the home on a regular basis and represented a team approach for a visually impaired child and his family. As a result of staff-parent relationships, individual arrangements were made between child-care workers and parents for regular home visits to continue some of the children's programs during the summer months.

A field trip to the Highland Park Children's Zoo provided another opportunity for parent involvement. Several parents were asked to serve as escorts on the trip. Many of the parents had previously expressed curiosity about their child's abilities in relationship to the abilities of other children, and it was decided to have the parent escorts assigned to other children rather than their own. The parents were each assigned one child and units comprised of one parent, one child-care worker and two children were made to provide the parents with some guidance and to give the children familiar adults with whom to relate. The mothers involved readily accepted this arrangement and seemed at ease with their assigned children. They all reported the trip as successful, and when questioned about being with different children, they expressed enjoyment of the activity and a desire for further experiences.

Parents often questioned staff members about appropriate materials and toys to use with the children. In answer, staff members worked directly with parents and/or gave suggestions about commercial toys and homemade materials. Materials on hand at school which could be used in making items were made available for the parents and staff members offered suggestions and demonstrated possible uses of these materials. Well received were fabrics of different textures which parents used with their children to develop tactile discrimination. Another project which developed was the

adaptation of some children's books which the parents provided. Braille was added to the print pages so that the parent could read to the child and begin creating an awareness of the printed or brailled word. It was suggested to each parent that tangible objects which highlighted the stories be collected so that the child could handle them as the parent was reading. As simple children's books are extremely visual, it was felt that the objects would tie the story together much in the same way as do pictures. Demonstration models of suitable objects for each book were shown to parents, and they were encouraged to adapt these collections to enhance their child's enjoyment.

In addition to the above activities, one mother attended a mother-child group at a community nursery school into which her child was placed for one day per week.

The placement of children in community day programs was an outgrowth of the early education program to provide integrative experiences for the children with sighted peers.

From March 1973 through June 1973, child #51 attended a weekly group at the Shady Lane School. Previously, he had been seen twice weekly at WPSEC, and the staff felt that he would profit from an experience with sighted children. Arrangements were made with Shady Lane School for R. to attend the program with his child-care worker and Mother. It was planned that once he and Mother felt comfortable in the group, that the child-care worker would discontinue attendance and maintain the liaison through communications with the Mother and the teacher at Shady Lane. The child-care worker attended for the first six weeks of the program, the last three being more to support the Mother than R. The evaluation of this placement by the teacher at Shady Lane School and the child-care worker as reported by the latter, reads:

> R. was initially reluctant in seeking out toys and materials but later seemed more able to initiate his own play activity. As he gained confidence, he responded quickly when asked what he was going to chose for play.

R. responded well to the teacher and the other children. He was observed asking other children if he could ride in the 'boat' with them. R. participated actively in circle games and sang along to favorite songs.

R. did not like being corrected by the teacher. When asked not to splash the water because the other children were getting wet, R. became angry and moved away from the teacher. He asked for his mother and she responded quickly.

At snack R. was the leader, holding the cracker tray and passing out crackers to children as he was asked for them.

R. occasionally had difficulty leaving his mother though on most occasions he moved from her and became involved in an activity. R's teacher felt that if R. had had more time at school, he would have made a more complete adjustment.

During the summer 1973, child #51 and child #70 attended a preschool day camp sponsored by the Irene Kaufman Center. Both children were in a group of 15 seeing children supervised by two counselors. The program was basically recreational and stressed outdoor activity and short field trips. A staff member attended camp with the children for the first week to orient the counselors and to facilitate integration of the children into the group. Child #51 was offered this experience on the basis of his success at the Shady Lane School and his need for similar activities. Child #70 had made significant social gains during the school year and seemed ready to move into such a group situation. Both children became a part of the group during the first week and in discussion with counselors during the second week, it appears that this adjustment has been maintained. Positive experiences for the children included introducing them to a wide variety of foods, expanding the number of activities they could perform in a group setting (e.g. arts and crafts, group singing) and the introduction of Child #70 to the swimming pool which had previously caused great fear to her.

Practicum students and student teachers obtained a variety of special education experiences in the program and contributed to the implementation of children's individualized programs. Initially they all received an orientation and observation period.

Nine students from Allegheny Community College, Department of Pedology, had practicum placements in the Early Education program. Four of these students were at the School from October, 1972 through January, 1973, and five of the students from January, 1973 through June, 1973., They were required to work a total of at least eight hours per week. Their Early Education Program assignments involved working on a one-to-one basis with a child and close supervision from the project director, program coordinator, and the child's individual child-care worker.

Three students from the University of Pittsburgh, Department of Special Education and Rehabilitation, did short-term practicums in the Early Education Program. Two of these students were in the master's program, and one in the doctoral program in early education of the handicapped. One student worked with her assigned child at the school and two worked at the child's home in specific skill areas which were being concentrated upon at school.

Three students in the undergraduate program at the University of Pittsburgh, Department of Child Care and Development, did seven week practicums in the Early Education Program. They also were assigned to work with one or two children on a one-to-one basis. They received supervision from the project director, the program coordinator, and individual child-care workers.

All practicum students were involved in discussion concerning the preparation of behavioral objectives appropriate to the child's individual program. They worked closely with individual child-care workers in determining and implementing these objectives.

Nine children not enrolled in the WPSBC program were seen for educational evaluations. Since legally blind multiply handicapped children placed in agencies not familiar with the education of visually handicapped children are often at a great disadvantage, WPSBC Title I staff members and the director are attempting to provide guidance for their educational programming. Last year relationships were established with Ebensburg State School and Hospital, and this year a liaison was developed with Western State School and Hospital and Cresson State School and Hospital. Mr. David Frankowski, a teacher of retarded blind children at Western State, spent a two-week in-service training period at WPSBC in January, 1973. In March, 1973 he visited the School with child #42 from Western State for guidance in assessing her functioning levels and for writing tasks for her educational program.

Three staff members from Cresson State School and Hospital accompanied children #43 and #44 for educational assessments on December 11, 1972. Subsequent to the assessments, staff members of the Title I Orientation and Mobility Project and the director of this project presented a workshop at Cresson in May, 1973. The focus of the workshop was on mobility training for visually handicapped residents and developing programs for children at trainable and low educable levels like children #43 and #44.

After an initial assessment, specific tasks for an educational program for child #45 who lives at the Horizon Home in Pittsburgh were suggested. Further guidance for her educational program will be provided during 1973-74.

Child #46 was observed by the director and Miss Newman of the Title I staff at McKeesport Day School for Retarded Children where she attended mornings. The next day two staff members who work with her visited the WPSBC Lower School program for multiply handicapped children to observe and obtain suggestions for aspects of her educational program which deal with her blindness.

The director attended staffings at the Developmental Clinic of Children's Hospital to obtain information and make

educational recommendations concerning children #48 and #50.

Child #47 was assessed for the preschool program but since he was a resident of Allegheny County, he was seen at his home during the year by staff of the Allegheny County Itinerant Preschool Program.

Child #49's severest handicaps were in the areas of motor and language development. If she advances sufficiently in these areas, WPSBC staff members can suggest tasks for her educational program; otherwise she requires the program that the United Cerebral Palsy Association provides.

Further liaison with such agencies will be encouraged and evaluations will be made to provide guidance for educational programming for visually handicapped children whenever possible.

2. Summary of pre- and post-data

Data compiled for the preschool day children and the preacademic residential children indicated with few exceptions that the children learned to perform tasks of increasing difficulty in one or more areas of the program. The following scales were utilized, where appropriate, as guidelines for determining developmental levels and to quantify the children's accomplishments:

- The Maxfield-Buchholz Social Maturity Scale for Preschool Blind Children.
- Communication Evaluation Chart from Infancy to Five Years compiled by Anderson, Miles, and Matheny.
- Denver Developmental Screening Test.
- A scale of self-care skills designed for multiply handicapped children by Hart.

Raw scores of the number of tasks the children performed in pre- and post-periods are tabulated in the following Tables.

Some tasks listed on the scales were duplications and often relevant developmental tasks for visually impaired children were missing. During the year, the program coordinator organized a scale which combined in sequential order of difficulty tasks adapted from Holliday's The Visually Impaired Child, Growth, Learning, Development -- Infancy

TABLE 11

MAXFIELD-BUCHHOLZ SCALE OF SOCIAL MATURITY FOR USE WITH PRESCHOOL BLIND CHILDREN

There are 95 items on the scale. The items range in sequential order of difficulty from infancy to six years of age.

Student Number	Pretest Score June, 1971	Pretest Score June, 1972	Posttest Score June, 1973	Gain or Loss 1972-73	Gain or Loss 1971-73	Comments
36	83	90	89	-1	+6	He was integrated into classroom 1 with child care worker for support.
37	50	63	75	+12	+25	He attended kdg. in the morning. Received 1:1 attention afternoon and evening.
70	--	50	57	+7	--	She attended 8:30 to 3:30 Mon. thru Fri. Began integration into Nursery class.

TABLE 11Continued

Student Number	Pretest Score June, 1971	Pretest Score June, 1972	Posttest Score June, 1973	Gain or Loss 1972-73	Gain or Loss 1971-73	Comments
32	--	61	64	+3	--	She was unable to cope in Kdg. in 9/72. She was partially re-integrated into kdg. with child care worker from 11/72-6/73
39	--	63	80	+17	--	She became a residential student in 10/72 and was integrated into nursery class with a child care worker.
52	--	55	72	+17	--	She was seen twice a week and was integrated into nursery class with a child worker.

Table 11 Continued

Student Number	Pretest Score June, 1971	Pretest Score June, 1972	Posttest Score June, 1973	Gain or Loss 1972-73	Gain or Loss 1971-73	Comments
51	--	47	53	+6	--	He attended twice a week until 1/73. Then at School once a week and attended community nursery school with child care worker and mother.
40	--	35	48	+13	--	He is in Title VI Deaf/Blind Program.
35	--	38	48	+10	--	She was seen twice a week from 9/73-10/73 and became a residential student in 11/73.

Table 11 Continued

Student Number	Pretest Score June, 1971	Pretest Score June, 1972	Posttest Score June, 1973	Gain or Loss 1972-73	Gain or Loss 1971-73	Comments
41	37	67	76	+9	+39	She attended kindergarten from 8:30 to 3:30 and received 1:1 attention after school. She was integrated into second floor dorm.

TABLE 12

Communication Evaluation Chart from Infancy to Five Years. Compiled by Ruth M. Anderson, Madeline Miles, and Patricia A. Matheny.

Only items dealing with the normal development and comprehension of language as a communicative tool were utilized. Items concerned with motor coordination and visual-motor responses were adapted and used as guidelines for the children's programs but were not appropriate for comparison scores. There are 92 language items on the chart ranging from a three-month to a five-year language level.

Student Number	Pretest Score Information		Posttest Score Information		Gain or Loss	
	Date June, 1972	Language Level (yrs)	Date June, 1973	Language Level	1972-73	Language Level
31	37	1 3/4	36	1 3/4	-1	0
32	47	2	53	2 3/4	+6	+3/4
34	58	4	66	4 3/4	+4	+ 3/4
36	40	1 1/2	44	1 1/2	0	0
38	48	2	69	3 1/2	+25	+ 1 1/2
40	14	6 months	15	6 months	+1	0

TABLE 12 Continued

Student Number	Pretest Score Information: Date Sept., 1972	Pretest Score Information: Language Level (yrs)	Posttest Score Information: Date June, 1973	Posttest Score Information: Language Level	Gain or Loss: 1972-73	Gain or Loss: Language Level
Children new to the program, 1972-73						
44	17	6 months	23	8 1/2 months	+6	+2 1/2 mos.
25	77	5 3/4	83	6 yrs.	+6	+1/4
26	61	3yrs.	75	3 3/4	+14	+3/4
30	53	2 1/2yrs.	81	5 1/2	+28	+3

TABLE 13

Denver Developmental Screening Test

Student Number	Fall, 1972 P-S	FM-A	L	GM	Spring, 1973* P-S	FM-A	L	GM	Attendendance
PreSchool Day Children									
45					7	4	2	3	seen once in 6/73 for evaluation placement at Horizon Home.
53	11	13	9	13	14	15	10	17	seen once a month beginning 9/72 changed to once a week in 1/73.
55					10	16	11	14	once a week beginning 6/73
56					11	7	14	18	once every 2 weeks beginning 1/73 changed to once a week in 3/73.

KEY

P-S : Personal-Social

FM-A : Fine Motor-Adaptive

L : Language

GM : Gross Motor

TABLE 13 Continued

Student Number	Fall, 1972 P-S	FM-A	L	GM	Spring, 1973* P-S	FM-A	L	GM	Attendance
57									seen three times from 10/22 - 11/72 subsequently placed in day care program for the retarded.
58	7	8	3	12	8	10	4	12	Denver was administered in 11/72 Child was seen once every 3 weeks beginning 1/73.
59					9	9	12	11	seen twice a month beginning 4/73
60					4	2	6	13	seen once every three weeks beginning in 2/73.
61					9	8	13	23	seen once a month beginning 1/73.
63					13	16	11	23	seen once a week beginning 2/73.
64					4	1	6	3	once a month beginning 1/73.
65	4	4	7	12					seen once a month from 11/72-1/73. subsequently placed in preschool itinerant program.

TABLE 13 Continued

Student Number	P=S	FM-A	L	GM	P-S	FM-A	L	GM	Attendance
66					9	6	13	20	seen once a month beginning 1/73.
67									seen three times from 11/72-1/73. subsequently placed in preschool itinerant program.
68	7	8	8	14	9	15	9	17	seen once a month.
69	5	8	4	12	7	12	6	17	seen once a week from 10/72-1/73. then seen twice a week.

TABLE 14

SELF CARE SKILLS

Student Number	Pretest Scores - September, 1972 E	Dr.	Gr.	T	Total	Posttest Scores- June, 1973 E	Dr.	Gr.	T	Total	Gain or Loss 1972-73 E	Dr.	Gr.	T	Total
44	81	114	109	64	368	167	176	139	77	559	+86	+62	+30	+13	+191
36	247	333	230	86	896	255	400	252	91	998	+9	+67	+22	+5	+103
37	240	272	284	56	852	253	312	284	69	918	+13	+40	+0	+13	+66
38	28			12		78			32		+50			+20	
40	110	77	44	27	258	165	97	59	37	358	+55	+20	+14	+10	+100
41	139	46	256	118	559	201	93	285	118	697	+62	+47	+29	+0	+139

CODE

E : Eating Skills
Dr: Dressing Skills
Gr: Grooming Skills
T : Toileting Skills

TOTAL POSSIBLE POINTS

Eating Skills : 285
Dressing Skills : 510
Grooming Skills : 455
Toileting Skills: 170

Total : 1420

to School Age and from the other scales. This scale should be most useful next year. Sample items from the scale are presented in Appendix C.

Because the children required such unique and/or complex learning programs, the case study method of research provided the most meaningful method of reporting their progress. Case studies identified each child diagnostically, summarized the child-care worker's frequent reports and charts and stated the specific tasks which were emphasized in the child's total learning experiences at school. Although lengthy, they also provide valuable information for further development of a child's program, in-service training, and educational materials for practicum students. Case studies are presented in Appendix D to provide a cross section of the differential diagnoses and the learning and behavioral problems of children in the Early Education Program.

Video tape recordings taken periodically during the year illustrate the children's growth and development.

3. Elimination of gaps or weaknesses

The preschool years represent the most feasible time to identify, alleviate and eradicate a child's mental, physical, social and emotional deficiences. By evaluating very young visually impaired children and developing intervention programs for them at school and at home, deterioration of their potential for learning and living close to normal lives should be prevented.

Children with one or more handicaps have more to learn than other children. The implementation of this objective helped to provide the extra stimulation young handicapped children need to learn what normal children learn incidentally. It also provided opportunities for the children to socialize with other children at similiar functioning levels.

The objective provided guidance, learning opportunities, and objectivity for the children's parents when the pain of accepting deviations from normal were most acute. By providing specific ways of helping the children learn to

deal with their disabilities, it helped the parents find positive rather than negative coping mechanisms. By bringing their children to the school, the parents had opportunities to obtain realistic pictures of what the education of their children might be. They observed other programs at WPSBC, and some parents did volunteer work with older children. The parents were able to obtain information toward future planning for their children.

Practicum students from various schools of higher learning in the community have had meaningful experiences toward furthering their careers in the fields of child development and special education.

C. To alleviate specific learning and behavior problems for those children with unusual management problems. A special room with a program designed for such multiply handicapped children will be available to the children for varying periods of time depending on their individual needs.

1. Implementation

The classroom program was adapted from techniques utilized in open classrooms. The children had opportunities to learn through discovery in the learning centers of their choice but also received individualized and small group instruction in the areas of academic skills, art, music, dramatics and guided play.

The classroom staff provided a secure and accepting atmosphere to encourage open communication and social interaction between the children and themselves and among the children. The children chose the name Balloon Room for their classroom, since they especially enjoyed earning balloons for completing tasks.

Major goals of the special program were to integrate the children into regular classrooms and to provide adjustment procedures for other children when indicated. A close relationship was developed among the special room staff and the other primary staff members to implement the goals.

Students #1, #5, #12 and #24 participated in the special room's program on a steady basis throughout the year. At the beginning of the year it was necessary for student #22 to attend every day after opening exercises. As his attention span increased and he mastered educational tasks, he was gradually integrated into Classroom 1 activities. By the end of the year he attended the special room for only brief periods. Student #36 required a separate environment with the least amount of stimuli and the constant support of a child-care worker at the beginning of the year. During the year he responded to his child-care worker's individualized

instruction in reading and arithmetic readiness and participated in Classroom 1 group activities for greater periods of time with less and less support from his child-care workers. After Spring vacation, the end of April, he was promoted to the second floor dormitory where the majority of the boys attended regular classrooms. With the help of an understanding housemother and his child-care workers, be made the necessary adjustments.

In an attempt to prevent school adjustment problems, the Balloon Room teacher met with five small groups of primary school children once a week for approximately 15 minutes a session to discuss appropriate social behavior. Three rules were reviewed and maintained at each gathering: a) only one person speaks at a time; b) be a good listener; and c) keep your hands to yourself. The Human Development Program by Bessell and Palomares was introduced to provide structure. When negative feelings from a previous experience conflicted with the planned topic, the teacher geared the session to a problem solving time. The children appeared to profit from this group process and staff members recommended that it be continued in the future. The teachers requested the Human Development materials for their classrooms and plans were made to further develop this affective education in 1973-74.

2. Pre- and post-evaluative data

The Adaptive Behavior Scale of the American Association on Mental Deficiency for Children 3-12 Years Old was used to evaluate children who attended the Balloom Room on a regular basis. It is a behavior rating scale for mentally retarded and emotionally maladjusted individuals. The term "Adaptive Behavior" primarily refers to the individual's effectiveness in coping with the natural and social demands of his environment. The scale was used in the special room to identify each child's areas of deficiences in order to plan his individual and group activities and to provide an objective basis for the comparison of his ratings. Staff members completed the scales in September, 1972 and in June, 1973. Table 15 provides the children's score summaries for Part I, the ten behavior domains

Table 15

Part I Adaptive Behavior Scale Score Comparisons

Student Number	Date September, 1972	Date June, 1973	Gain	Loss
1	151	210	59	
5	201	242	41	
12	128	210	82	
22	183	259	66	
24	169	244	75	

Part II
A decreased score indicates less maladaptive behavior.

1	91	44	47	
5	118	66	52	
12	100	68	32	
22	63	28	35	
24	85	75	10	

considered important to the maintenance of personal independence in daily living, and Part II, fourteen measures of maladaptive behavior related to personality and behavior disorders.

The Bristol Social Adjustment Guide -- The Child in School by Stott and Sykes was used to provide objective pre- and post-data concerning the children's unsettled attitudes or maladjusted behaviors. Although items on the guide were often inappropriate for the children or appeared ambiguous, overall the scores were consistent with the children's general progress. The scores are presented in Table 16.

Developmental Profiles of the Human Development Program by Bessell and Palomares were used periodically during the year to analyze the children's development in the following areas:

Awareness
- Awareness of self
- Sensitivity to others

Mastery
- Self-confidence
- Effectiveness

Social Interaction
- Interpersonal Comprehension
- Tolerance

Numbers were assigned to detailed descriptions of behavior classified in the above areas and the teacher chose the number most indicative of her perception of the child. The numbers recorded on the profiles indicated developmental trends consistent with the scores presented in Tables 15 and 16 .

The Intensity of Involvement Scale by McCandless was considered for further evaluations but appeared to duplicate the information in the scales which were used.

Specific objectives were written for each child's program based on information from the scales and from observed behavior unique to each child. Instructional strategies utilizing task analysis and behavior modification techniques

TABLE 16

The Bristol Social Adjustment Guide --
The Child in School

by D.M. Scott and Emily G. Sykes

Lower scores represent improved behavior according to the items on the guide.

Student Number	Date June, 1972	Date June, 1973	Gain	Loss	Comments
1	21	19	2		Balloon Room student
4	22	10	12		Integrated into classroom 2 and Remedial Room.
5	25	41		16	Balloon Room student
7	7	21		14	Will be assigned to Balloon Room in 1973-74.
12	19	30		11	Balloon Room student

TABLE 16 Continued

Student Number	Date June, 1972	Date June, 1973	Gain	Loss	Comments
19	35	13	22		Integrated into classroom 2 and Remedial Room.
24	26	16 1/2	9 1/2		Balloon Room student

were written, taught and evaluated in terms of the objectives. The case studies presented in Appendix D contain examples of this procedure only with younger children.

Video tape recordings depict illustrations of the children's accomplishments in the various aspects of the special room program.

3. Elimination of gaps and weaknesses.

School-age children with complex learning and behavior problems who were often not manageable on a full-time schedule in regular classrooms participated in the activities of a special room designed for their needs. The children responded to help in learning how to handle limitations and to develop acceptable behavior. With the guidance of professionals, they learned to express their feelings in appropriate ways. They mastered academic readiness tasks of increasing difficulty. The children were integrated into regular classrooms for varying periods of time.

The American Association of Mental Deficiency Adaptive Behavior Scale appears to be a good instrument for measuring the social and adaptive skills of complex children in a residential program. For children not testable by conventional measures, it offers objective measurement of social development. Another advantage is that it can be followed with the scale for children over 12 years of age. The difficulties and time consumed in recording and scoring seem to be worth the effort for planning individualized instruction and for evaluation.

The children who attended the special room and were evaluated in terms of the scale made excellent progress, especially in the area of socialization. Indications of maladaptive behavior on the Adaptive Behavior Scale were consistent with items recorded on the Bristol Scale. Since there were more items on the Adaptive Behavior Scale and they were more specific, there were greater opportunities for the children's scores to show improvements.

The Human Development Program by Bessell and Palomares was successfully introduced. The program is included in the proposed plans for the Title I Project for 1973-74.

D. To provide speech therapy for multiply handicapped children with speech difficulties.

1. Implementation

A total of sixteen children were scheduled for half-hour speech therapy sessions once or twice a week from November, 1972 to June, 1973. Diagnostic information and observations of the children indicated that almost all of them had articulation problems. Thus, the most efficient use of the speech therapist's time was to try and correct misarticulations.

The speech therapist conferred with Mr. Lawrence Bloom, head of the Speech Clinic at Children's Hospital who had previously observed most of the children. Student #16 had received speech therapy for the past three years at the Pittsburgh Speech and Hearing Society, so the therapist coordinated her sessions with those of the therapist at the Society.

After an examination of the children's oral structures, the therapist made two referrals to the University of Pittsburgh Dental Clinic. One student was fitted with a prosthetic device to promote better teeth and jaw alignment; the other was fitted with two artificial central incisors of the maxillary arch and treated for a gum disorder.

2. Pre- and post-evaluative data

An articulation test derived from the Arizona Articulation Proficiency Scale was administered to the children with speech difficulties in November, 1972. If speech therapy were indicated, goals were written for each child. Individualized articulation therapy techniques for carrying out the goals were listed and shared with the children's teachers. The articulation test was readministered in June, 1973. Pre- and post-scores and interpretations are presented in Table 17.

Other tests cited in the proposal for this objective involved language development which was part of the regular

Table 17

Articulation Test derived from
the Arizona Articulation Proficiency Scale

Lower School Students				
Student Number	Date November, 1972	Date June, 1973	Percentage Gain	Loss
1	85.5	92.5	8%	
3	71	81.5	14%	
6	96.5	98.5	2%	
15	81.5	94	15%	
16	81.5 (4/4/73)	87.5	7.3%	
20	85	100	18%	
23	64.5	78	21%	
26	84.4	93.5	11%	
30	66	75	14%	
A	93	94	--	--
Upper School Students				
B	88.5	96	8%	
C	85.5	93.5	9%	
D	88	94	7%	
E	79.5	95.5	20%	
F	99.5	100	--	--
G	82.5	100	21%	

Interpretation of Scores:

95-100	Sound errors are occasionally noticed in continuous speech.
85-94	Speech is intelligible although noticeably defective.
70-84	Speech is intelligible with careful listening.
60-69	Speech intelligibility is difficult.
45-59	Speech usually is unintelligible.
0-44	Speech is unintelligible.

school program. The therapist's ten-hour-a-week schedule only permitted the speech therapy.

Samples of the speech therapy reports and progress graphs which were completed by the therapist for each child's cumulative record are provided in Appendix E.

3. Elimination of gaps and weaknesses.

After careful diagnoses and observation of children with speech disorders in the Lower and Upper Schools, it was found articulation difficulties were the most prevalent type. According to an adaptation of the Arizona Articulation Proficiency Scale, fourteen of sixteen children who received speech therapy corrected or improved misarticulations.

Referrals by the speech therapist led to physical and cosmetic improvements for two children.

Teachers and the speech therapist exchanged information about the children's speech problems. Directions for helping the children in the classrooms were welcomed by the teachers. Previously the teachers had to rely on their own training, if any, to try and help children with speech difficulties.

The implementation of this objective demonstrated the need for a speech therapist as a full-time member of the School staff.

E. To develop a written primary school behaviorally oriented curriculum for primary visually handicapped children and multiply handicapped children.

1. Implementation procedures

Developing a written primary curriculum guide for children in the primary classes was an integral part of the in-service training for the teachers and teacher aides. Staff members met Friday afternoons and often at lunch time meetings to discuss their thoughts about a curriculum guide, to discuss other curriculum guides and work sheets written by the director, and to write tasks in behavioral terms. Teachers and aides of classrooms 1, 2 and 3, the Balloom Room, Remedial Room, Nursery school and Kindergarten were involved.

First, the following definitions were accepted:

a. Curriculum: "A body of prescribed educative experiences under school supervision designed to provide an individual with the best possible training and experience to fit him for the society of which he is a part." Good, Carter V., Dictionary of Education, (McGraw-Hill Book Company, New York, 1959)

b. Curriculum: "A sequence of content units arranged in such a way that the learning of each unit may be accomplished as a single act provided the capabilities described by specific prior units (in the sequence) have already been learned by the learner." Gagne, Robert M., "Curriculum Research and the Promotion of Learning," Prospectives on Curriculum Evaluation: American Educational Research Association Monograph Series on Curriculum Evaluation, (Rand McNally and Company, Chicago, 1967), p. 23.

c. Objective: ". . . is an intent communicated by a statement describing a proposed change in a learner -- a statement of what the learner is to be like when he has successfully completed a learning experience." Mager, Robert F., Preparing Instructional Objectives, (Fearson Publishers, Palo Alto, California, 1962.)

d. General and specific objectives

1) General instructional objectives: expected learning outcomes.

2) Specific objectives or specific learning outcomes: under each general instructional objective a list of specific learning outcomes should describe the terminal behavior students are to demonstrate when they achieve the objective, Gronlund, Norman E., Stating Behavioral Objectives for Classroom Instruction.

Second, the staff concerned themselves with formulating the philosophy, purpose, and role of the residential school. The statement of philosophy section from The Self-Study and Evaluation Guide for Residential Schools by the National Accrediation Council for Agencies Serving the Blind was used as a guide. Pennsylvania Secretary of Education, John C. Pittenger's statement of philosophy of education in June, 1972 defined the role of schools in a democratic society for the curriculum guide.

In January, 1973 the Upper School started to develop a school curriculum. A steering committee made up of members of both the Lower and Upper Schools organized procedures for the Western Pennsylvania School for Blind Children curriculum. The primary curriculum was to be a section of it. A philosophy and objective committee was organized which updated the School's philosophy of 1954 for submission to the steering committee in September, 1973. It was suggested that the educational directors write an introduction to the statement. The committee plans for next year 1973-74, include the Steering Committee meeting, presentation of the philosophy to all staff members and development of objectives. The Lower School adopted the philosophy for its first draft of a primary curriculum.

Third, a committee which included members of both schools stated the following guidelines for listing the behavioral objectives:

a. List both general and specific objectives.

b. List objectives sequentially from simple to increased difficulty.

c. Start each sentence with a verb; the subject child is implied.

d. List objectives in each of the three domains -- cognitive, affective and psychomotor, even if there is an imbalance.

e. Use numbers and decimals for the outline divisions.

Fourth, staff members selected their areas of competence and interest and met in small groups to write objectives.

During the year the staff was engaged in formative evaluation in the process of writing and rewriting the different sections of the curriculum. The director distributed copies of the various sections after they were formulated to staff members. The staff then wrote comments and suggested changes on the worksheets which were considered at the next meetings. Appropriate changes were made.

Formative evaluation provided a user-oriented rather than a knowledge-oriented approach as staff members worked in small committees to write the behavioral objectives. In June, 1973 the committee members submitted what had been written up to that point for the summative evaluation.

A professional[1] knowledgeable about curriculum development consulted with the director in July, 1973 to provide guidance for organizing the summative evaluation and for further development of the curriculum next year, 1973-74. She provided Table 13 as a guide for including facets of the three domains in the curriculum.

2 Evaluation summary

The following summative evaluation represents the first draft of the introduction, philosophy, instructional program and statement of objectives. The objectives include general

[1] Kathyrn M. Daugherty, M. Ed., Coordinator of Graduate Orientation and Mobility Program at the University of Pittsburgh and a doctoral candidate in supervision and curriculum.

Table 18

Taxonomy of the Cognitive Domain (Bloom)	Taxonomy of the Psychomotor Domain (Harrow)	Taxonomy of the Affective Domain (Krathwohl)
1.00 Knowledge	1.00 Reflex Movements	1.0 Receiving
1.10 Knowledge of Specifics	1.10 Segmental Reflexes	1.10 Awareness
1.11 Knowledge of Terminology	1.20 Intersegmental Reflexes	1.20 Willingness to Receive
1.12 Knowledge of Specific Facts	1.30 Suprasegmental Reflexes	Controlled or 1.30 Selected Attention
1.20 Knowledge of Ways & Means of dealing with Specifics	2.00 Basic Fundamental Movements	2.0 Responding
1.21 Knowledge of Conventions	2.10 Locomotor Movements	2.1 Acquiesence in Responding
1.22 Knowledge of Trends & Sequences	2.20 Non-Locomotor Movements	2.2 Willingness to Respond
1.23 Knowledge of Classifications & Categories	2.30 Manipulative Movements	2.3 Satisfaction in Response
1.24 Knowledge of Criteria	3.00 Perceptual Abilities	3.0 Valuing
1.25 Knowledge of Methodology	3.10 Kinesthetic Discrimination	3.1 Acceptance of a Value
1.30 Knowledge of Universals & Abstractions in a field	3.20 Visual Discrimination	3.2 Preference for Value
1.31 Knowledge of Principles & Generalizations	3.30 Auditory Discrimination	3.3 Commitment

Table 18 - Continued

Taxonomy of the Cognitive Domain (Bloom)	Taxonomy of the Psychomotor Domain (Harrow)	Taxonomy of the Affective Domain (Krathwohl)
1.32 Knowledge of Theories & Structures	3.40 Tactile Discrimination	4.0 Organization
2.00 Comprehension	3.50 Coordinated Abilities	4.1 Conceptualization of a Value
2.10 Translation	4.00 Physical Abilities	4.2 Organization of a Value System
2.20 Interpretation	4.10 Endurance	5.0 Characterization by Value or Value Complex
2.30 Extrapolation	4.20 Strength	5.1 Generalized Set
3.00 Application	4.30 Flexibility	5.2 Characterization
4.00 Analysis	4.40 Agility	
4.10 Analysis of Elements	5.00 Skilled Movements	
4.20 Analysis of Relationships	5.10 Simple Adaptive Skill	
4.30 Analysis of Organizational Principles	5.20 Compound Adaptive Skill	
5.00 Synthesis	5.30 Complex Adaptive Skill	
5.10 Production of a Unique Communication	6.00 Non-Discorsive Communication	

Table 10 - Continued

Taxonomy of the Cognitive Domain (Bloom)	Taxonomy of the Psychomotor Domain (Harrow)
5.20 Production of a Plan (or) Proposed Set of Operations	6.10 Expressive Movement
5.30 Derivation of a Set of Abstract Relations	6.20 Interpretive Movement
6.00 Evaluation	
6.10 Judgments in terms of Internal Evidence	
6.20 Judgments in terms of External Criteria	

and specific objectives in a representative number of content areas. Because of the long lists of objectives in the sequenced checklists, only a sample are presented in this report.

WESTERN PENNSYLVANIA SCHOOL FOR BLIND CHILDREN

Lower School

CURRICULUM DEVELOPMENT FOR PRIMARY SCHOOL VISUALLY HANDICAPPED CHILDREN AND MULTIPLY HANDICAPPED CHILDREN

Foreword

This curriculum guide is a working, changing document. It involves people working together. It represents staff members as they go about daily learning and teaching activities trying to understand their students and themselves. In the course of its implementation, it will be observed carefully, and revised toward the goal of constant improvement.

Introduction

Children in the Primary School of Western Pennsylvania School for Blind Children function at various levels of development. They range in terms of intellectual evaluations (AAMD and Verbal WISC) from moderately retarded (trainable levels) to average and above average. By adapting behavioral objectives written for the education and training of mentally retarded children and average and above average children, and creating our own, we hope to develop a curriculum guide which will provide the following:

1. A behaviorally oriented guideline for the assessment of each child's performance level in educationally relevant areas.
2. A behaviorally oriented guideline for writing instructional programs for each child based on the assessment information.
3. A guideline for determining each child's progress over an extended period of time based on the assessment information and the instructional evaluations. The observations of the child's responses to the instructional objectives should provide information for his school records and for parent reports.

4. A guideline that will provide the primary level for the development of an on-going evaluation of a child's growth in accomplishing developmental tasks toward an eventual goal of living as independent and meaningful a life as possible.

GENERAL STATEMENT OF PHILOSOPHY FOR WESTERN PENNSYLVANIA SCHOOL FOR BLIND CHILDREN[1]

The Western Pennsylvania School for Blind Children subscribes to the general educational philosophy that there is no essential difference between the aims of educating the visually impaired or multiply handicapped child and any child. We believe that all children are people with minds, bodies, feelings, rights and responsibilities. They need a place in which all of these parts of them can grow.

We think that education must address itself to the development of human beings who are sensitive and responsive to life, and to helping each child find his own modes of expressing this sensitivity -- be they artistic, scientific, athletic, intellectual, or social.

We think that it is important that each child develop skills in reading, writing, and mathematics, but we see these as tools for education, not as ends in themselves. Much more important is helping a child become a person who can think; who can pursue his own interests, and formulate questions that are important to him and find ways to discover answers to these questions. It is important that a child become a critical thinker. It is important that a child develop a confident sense that he is a worthwhile person.

Visually impaired or multiply handicapped children are entitled to the best that education can offer. They should receive an education adapted to their individual needs, interests, and capacities, and this education should be equal to or better than that which they should receive if they were not handicapped. Methods, techniques and materials must be modified for visually impaired or multiply handicapped children, however, if they are to achieve the same educational or training goals.

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[1]Representatives of the Upper and Lower School of Western Pennsylvania School for Blind Children adopted this statement from the General Statement of Philosophy for WPSBC in Dr. Alton G. Kloss' doctoral dissertation, A Plan for the Improvement of the Education Program and the Supporting Facilities of the Western Pennsylvania School for Blind Children, University of Pittsburgh, 1954, and from the brochure of the Shady Lane School in Pittsburgh which is presently an independent co-educational, inter-racial, inter-denominational school for children ages two through eleven.

The welfare of the visually impaired or multiply handicapped child should undergird all educational planning and endeavors, and the major purpose of his education or training should be to prepare him to take his place as an accepted, well-adjusted, fully-responsible contributing adult in the world. Every assistance should be given to help him secure suitable employment.

Those who teach the visually impaired or multiply handicapped child should recognize the individual differences are as great among these children as among the non-handicapped. They should "emphasize the child rather than the subject; interest rather than dull effort; learning by doing; thorough thinking rather than mere accumulation of facts."[1]

The Western Pennsylvania School for Blind Children believes that it must provide opportunities for its students to develop those intellectual, ethical, social and physical qualities which may enable them to appreciate life, understand themselves and to respect the uniqueness of other people. Opportunities must be provided to establish and maintain mutual respect and stable personal relationships with family and with society, to conform to the social ethics of their generation but to permit rational expansion of those individual differences which make them unique, and continuously to increase in stature in their own esteem and in that of society.

The visually impaired or multiply handicapped child should be prepared to live in a self-governing society through living in a school environment where democracy is not only a precept, but where its spirit prevails in all human relationships. The child should be taught through actual participation in the democratic process that he has responsibilities as well as rights, and that he has an obligation to give as well as to receive.

All teachers, houseparents, and other staff members in direct contact with the child should be in basic agreement with the present philosophy of the school in order that the mutual endeavors of all may be welded together in a single directive purpose.

We believe that a philosophy of education is a dynamic rather than a static thing, and must evolve, as society is confronted with

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[1]John Dewey's Philosophy "The Educational Forum," Vol. XVII, No. 1, Part 2 (November, 1952), p. 128.

new problems. "Institutions must fit conditions of life and must change as conditions change."[1]

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[1]Kilpatrick, William Heard, Philosophy of Education, New York: The MacMillan Co., 1951, p. 45.

Instructional Program

Teachers cannot force learning; they can only guide students to and through a variety of learning experiences, helping to develop personal and intellectual skills.[1] In keeping with Western Pennsylvania School for Blind Children's philosophy of education, there are certain learning opportunities the Primary School believes should be essential to a future-oriented effective educational program. These opportunities should involve a variety of active experiences to develop competencies in the areas of the affective, cognitive and psychomotor domains. See Table 77 a.

Programs for visually handicapped and multiply handicapped children should also include specific knowledges, skills and attitudes which are unique to their needs in the areas of orientation and mobility skills, techniques of daily living, non-verbal communication skills as well as verbal, and visual, auditory and tactile developmental skills.

Positive reinforcement and humanistic approaches should make learning a rewarding and pleasant experience for each child.

Early in the child's life he needs many opportunities to acquire socialization skills in order to enjoy other people and to interact in acceptable ways at home, at school, and in the community with adults and other children.

The primary curriculum systematically focuses the teacher's energy to help each child learn. It provides a rational basis for deciding which activities to include. Most important, each teacher can be creative in the implementation and application of the curriculum and free to further develop facets which will meet the needs of a child.

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[1] John C. Pittinger, Secretary of Education, Commonwealth of Pennsylvania, June, 1972.

STATEMENT OF OBJECTIVES

1. The implementation of the objectives that follow will be the responsibility of school personnel:

   a. To develop the most optimum mental, emotional and physical health within the child's unique characteristics.

      -- to establish relationships with various community services to help the child avoid physiological and psychological barriers to learning.

      -- to provide learning opportunities in the areas of sound physical health procedures and psychomotor development.

      -- to provide physical education activities for the child's psychomotor development which include experiences with visually handicapped and sighted peers.

      -- to provide opportunities for children to express their feelings in socially appropriate ways and develop their unique personalities.

      -- to provide learning experiences for the child to assume safety responsibilities for his welfare and others.

      -- to provide a safe, comfortable and attractive physical plant.

      -- to operate an in-school medical facility for the treatment of emergency health problems and for the maintenance of healthy body functioning.

   b. To provide the learning opportunities which will assist the child to function in society including his family and community life.

      -- to establish parent relationships and involve parents in their child's educational process.

      -- to provide educational opportunities and interpretations of programs for parents.

      -- to help the child live comfortably in his own home.

   c. To provide the child with a sequentially organized program of orientation and mobility, enabling him to become an independent, safe, and psychologically secure traveler to the maximum of his abilities.

d. To provide the child with individualized and group instruction with emphasis on those communication skills which are necessary entering behaviors for the cognitive domain.

e. To provide the learning environment to assist the child to assume the obligations of adulthood within his capabilities.

-- to provide learning opportunities for the child to gain competence and independence in taking care of his personal needs.

-- to provide recreational experiences to assist the child to enjoy life while he is in the residential school and to prepare for adult leisure time activities.

-- to encourage the child to assume citizenship responsibilities at school and at home and to prepare him for active participation in the democratic community.

2. The following objectives will be statements of the child's expected performances as a result of his learning experiences in the educationally relevant areas of orientation and mobility, communication, self-care, and socialization.

a. Orientation and mobility

This orientation and mobility checklist represents a sampling of the objectives the children are expected to accomplish before they receive formal travel training. It was compiled by Audrey Smith, M. Ed., mobility instructor.[1] Extensive work with further developing a curriculum which will include concept development, motor involvement, sensory training, independent travel goals and affective objectives will be a thrust of the Title I Mobility Project for 1973-74.

Child:

1. Identifies major parts of the body.

1.1 Correctly touches his head.

1.2 Correctly touches his hand.

1.3 Correctly touches his leg.

etc.

---

[1]These objectives are adapted from the Body-Image of Blind Children Scale by Cratty and Sams, Orientation and Mobility Scale by Lord and Concept Development by Hill.

2. Identifies parts of face and head.

2.1 Correctly names his nose when touched by the evaluator.

2.2 Correctly touches his ear.

etc.

. . . . . .

4. Identifies his body planes.

4.1 Correctly touches top of his head.

4.2 Correctly touches bottom of his foot.

etc.

. . . . . .

7. Performs gross movements in relation to his body planes.

7.1 Walks forward.

7.2 Walks backward.

7.3 Jumps up.

. . . . . .

9. Maintains balance.

9.1 Walks on balance beam with help.

9.2 Walks on balance beam independently.

9.21 Walks forward on balance beam.

9.22 Walks backward on balance beam.

9.23 Turns around on balance beam.

9.3 Walks on toes.

9.4 Balances on one foot.

etc.

. . . . . .

11. Demonstrates knowledge of laterality of his body.

11.1 Correctly touches right knee.

11.2 Correctly touches left ear.

11.3 Correctly touches left leg.

etc.

. . . . . .

16. Relates his whole body to an object within the environment.

16.1 Correctly places himself to the right of a chair.

16.2 Correctly places himself on top of a table.

16.3 Correctly places himself between two chairs.

etc.

. . . . . .

18. Places his whole body in a position relative to a sound.

18.1 Correctly points to a passing car when it is in front of him.

18.2 Correctly places himself parallel to traffic.

etc.

. . . . . .

b. Communication skills

This section of the curriculum will include check lists for the attainment of competence in the various modes of learning and in academic subjects. By June, 1973 the auditory and arithmetic check lists were complete enough to provide examples of the objectives.

(1) Auditory skills

The objectives for this check list were written by a committee of Lower School teachers and teacher-aides and the speech therapist. Reference materials they used are listed at the end of this report.

Child:

1.0 Demonstrates gross awareness to sound stimuli.

1.1 Exhibits startle reflex at presentation of loud sudden noise.

1.2 Ceases activity at presentation of an unexpected or unfamiliar sound.

1.3 Turns to, or reaches for, a sound (loud ticking clock for example) as it is moved.

. . . . . .

4.0 Follows simple verbal directions.

4.1 Responds correctly to "Come to me."

4.2 Responds correctly to "Sit down."

4.3 Responds correctly to "Hand me the block."

etc.

. . . . . .

8.0 Identifies differences among sounds.

8.1 Holds hands high for high sounds; squats low for low sounds.

8.2 Identifies long or short sounds.

8.3 Identifies loud or soft sounds.

8.4 Identifies sad and happy voice inflections.

8.5 Identifies two sounds as the same or different.

etc.

. . . . . .

11.0 Localizes sound.

11.1 Identifies sound as close by.

11.2 Identifies sound as at a distance.

11.3 Identifies sound as to his right.

etc.

. . . . . .

13.0 Demonstrates recall of general auditory information.

13.1 Imitates animal sounds on request.

13.2 Repeats simple instructions, such as how to play a game.

13.3 Uses the names of his teachers and classmates correctly.

13.4 Acts out simple plots of nursery rhymes or short stories.

etc.

. . . . . .

16.0 Responds positively to stories and records.

16.1 Displays enjoyment when he hears stories and/or music.

16.2 Listens attentively to stories and records.

16.3 Asks to be read to.

16.4 Expresses likes or dislikes about a story or record.

16.5 Selects particular material for listening time activities.

17.0 Identifies similarities and differences among words presented verbally.

17.1 Identifies rhyming words.

17.2 Identifies the longer word of two words.

17.3 Identifies words with common beginnings and endings.

etc.

18.0 Recalls auditory information in correct sequence.

18.1 Follows two or three step direction involving physical activity; i.e. Go to bookcase, bring the book on top shelf, put it on my desk.

18.2 Repeats numbers in the sequence in which they were said.

18.3 Repeats letters of alphabet in mixed order as presented.

18.4 Repeats nonsense syllables in correct order.

etc.

19.0 Demonstrates the translation of a continuous flow of words read by the teacher or via auditory instruments into meaning.

19.1 Associates own experiences and background with the information in a story.

19.2 Tells the main idea of a story.

19.3 Creates and relates a mental outline by ranking information heard according to importance.

19.4 Arranges material according to time, space, position, degree or some other relationship.

19.5 Reacts with sensory impressions.

19.6 Answers critical and evaluative questions after listening to a story or speech.

(2) Arithmetic Checklist

The objectives for this checklist were designed and organized by Mary Moore, Ph. D., of the University of Pittsburgh Special Education and Rehabilitation Department and Anthony Evancic, M. S., of the Western Pennsylvania School for Blind Children staff. Mr. Evancic has observed and taught children arithmetic in the Lower School for the past three years in addition to his teaching of mathematics and language at the high school level.

Child:

1.0 Demonstrates competence in dealing with concepts of number structure and quantity.

1.1 given two objects, identifies their relative size, using phrases such as "bigger than," "larger than," "the same as," "smaller than," etc.

. . . . . .

1.4 given three sets of objects, arranges them according to size, specifying which is the largest and which is the smallest.

1.5 differentiates between "one" and "many" or "lots."

. . . . . .

1.8 counts to five.

1.9 given ordered and unordered sets of five objects of less, counts them to determine the number property of each set.

. . . . . .

1.15 given three numerals not exceeding 5, orders them from smallest to largest.

. . . . . .

1.19 writes the numberals 0-9.

. . . . . .

1.21 given a one-digit number, identifies the number which precedes it in counting order.

. . . . . .

1.25 given an ordered set, identifies the ordinal position of a specified element.

1.29 given a structured set of objects (not exceeding one hundred), notates it as a tens, b ones, and identifies the number thus represented.

. . . . . .

1.33 given the word name for any two-digit number, writes the numeral for the number.

etc.

2.0 Demonstrates competence in performing the operations of addition and subtraction.

2.1 given two sets of objects, makes them equivalent:

2.1.1 by adding more objects to one of the sets.

2.1.2 by taking away some of the objects from one of the sets.

. . . . . .

2.6 presented with number sentences to be completed, supplies the missing number. (LIMIT: sums to 5)

. . . . . .

2.9 presented with number sentences to be completed, supplies the missing number. (LIMIT: sums to 9)

etc.

3.0 Demonstrates competence in performing the operation of multiplication.

3.1 given a rectangular array, counts the number of rows and the number of elements in each row; then makes statements of the form: "there are a rows of b objects."

. . . . . .

3.3 given a rectangular array, states that "a sets of b equals c" can be noted as $a \times 6 = c$.

. . . . . .

3.6 given a multiplication problem, uses known multiplication facts and the distributive principle to find the product. (LIMIT: one-digit factors; products ≤ 36)

etc.

4.0 Demonstrates competence in performing the operation of division.

4.1 given a set of objects, groups them into subsets of a specified size, and counts the number of subsets, making statements of the form: "There are c subsets of b objects in set a."

4.2 given the total number of elements in an array and the number of elements per row, constructs the array.

4.3 given an array, states division sentences of the form $a \div b = c$ to illustrate the array.

(LIMIT: one-digit factors; products ≤ 36)

etc.

5.0 Demonstrates competence in dealing with concepts involving fractions.

5.1 given an object or set, partitions it

5.3.1 into halves

5.3.2 into quarters

5.3.3 into thirds

. . . . . .

5.3 given whole objects partitioned into equivalent parts, states the number of "equal parts" in the whole. (LIMIT: ≤ 4 parts in the partition)

5.4 as a result of experimentation, can state how many halves, thirds and quarters are contained in a whole.

etc.

6.0 Demonstrates competence in dealing with time concepts.

6.1 differentiates between day and night.

. . . . . .

6.3 reads the numerals 1--12 on a clock face.

. . . . . .

6.7 states that there are 60 minutes in one hour.

. . . . . .

6.13 names the months of the year in order.

. . . . . .

6.18 uses "morning", "afternoon" and "night" to show periods of the day.

6.21 states that there are 60 seconds in one minute.

etc.

7.0 Demonstrates competence in dealing with concepts involving money.

7.1 given a collection of U. S. coins, identifies any coin specified.

7.1.1 penny

7.1.2 nickel

7.1.3 dime

7.1.4 quarter

7.1.5 half-dollar

. . . . . .

7.3 given any U. S. coin (other than a penny), makes its value by using other coins:

7.3.1 a nickel = 5 pennies.

7.3.2 a dime = 10 pennies.

7.3.3 a dime = 2 nickels.

7.3.4 a quarter = 25 pennies.

7.3.5 a quarter = 5 nickels.

7.3.6 a quarter = 2 dimes and 1 nickel.

7.3.7 a half-dollar = 50 pennies.

7.3.8 a half-dollar = 2 quarters.

7.3.9 a half-dollar = 5 dimes.

7.3.10 a half-dollar = 10 nickels.

etc.

8.0 Demonstrates competence in dealing with common measurement concepts.

8.1 given a ruler to examine, states that there are 12 inches in 1 foot.

. . . . . .

8.8 given a yardstick, measures the lengths of objects to the nearest foot.

. . . . . .

8.15 given illustrations of thermometers, reads temperatures to the nearest Fahrenheit degree.

etc.

9.0 Demonstrates competence in dealing with basic geometric concepts.

9.1 given a collection of basic geometric shapes, discriminates among them:

9.1.1 identifies circles.

9.1.2 identifies squares.

9.1.3 identifies triangles.

. . . . . .

9.3 given illustrations, distinguishes between straight-line and curved-line segments.

. . . . . .

9.6 given illustrations containing familiar plane figures along with one or more points, states whether a specified lies inside, on or outside the figure.

etc.

10.0 Employs mathematical concepts learned and computational skills developed to solve a variety of problems.

10.1 given brief statement problems illustrating addition or subtraction, specifies the operation necessary to solve them. (LIMIT: sums $\leq$ 9)

10.2 given brief statement problems illustrating addition or subtraction, solves, displaying the solution in the form of a completed number sentence with the required answer labeled. (LIMIT: sums $\leq$ 9)

10.3 given brief statement problems illustrating addition and subtraction, specifies the operation required to solve them. (LIMIT: sums $\leq$ 99)

etc.

c. Self-care skills

This section of the curriculum is adapted from Hart's scales for the development of self-help skills for multiple handicapped children and the Maryland School for the Blind's Elementary Skills of Daily Living. The children's performance of skills are evaluated along a continuum of the need for physical and verbal help or physical guidance and verbal help or a slight

physical cue and verbal help or only a verbal cue or no cue -- total independence. Samples of objectives for toileting and dressing are included in this report.

Child:

1.0 Responds to toilet training techniques.
- 1.1 Can be "caught" by the instructor on a time schedule.
- 1.2 Can be "caught" by the instructor through the adult's observation of general physical signs of the child's needs.
- 1.3 Sits on the toilet with physical help.
- 1.4 Shows discomfort at soiled pants.
- 1.5 "Asks" to be taken to the toilet.

2.0 Follows a toileting routine appropriately.
- 2.1 Locates bathroom.
- 2.2 Locates toilet.
- 2.3 Pulls down pants (pulls down fly zipper).
- 2.4 Sits on toilet (stands at urinal)
- 2.5 Eliminates in toilet.
- 2.6 Uses toilet paper correctly.
  - 2.61 Locates paper.
  - 2.62 Tears off paper.
  - 2.63 Cleans self.
  - 2.64 Discards paper.
- 2.7 Pulls up pants (pulls up fly zipper).
- 2.8 Flushes toilet.
- 2.9 Washes hands.

3.0 Undresses.

. . . . . .

4.0 Dresses.
- 4.1 Puts a jersey or T-shirt on.
  - 4.11 Pulls jersey down over chest after child-care worker has putit on.
  - 4.12 Pushes one arm through sleeve when shirt is held.

4.13 Pushes both arms through sleeves when held.

4.14 Pulls jersey over head.

4.15 Pushes one arm through sleeve.

4.16 Holds shirt so second sleeve moves into position.

4.17 Pushes second arm through sleeve.

4.18 Pulls jersey down beyond waist line.

4.19 Distinguishes back of jersey from front before putting it on.

d. Socialization skills

Child:

1.0 Responds to adult's presence and guidance.

1.1 Reaches for familiar person.

1.2 Requests attention from adult.

1.3 Asks for adult help.

1.4 Seeks adult praise.

1.5 Follows adult's directions.

2.0 Evidences an awareness of himself as an individual.

2.1 Responds to his name.

2.2 Uses his own name.

2.3 Describes himself in terms of his feelings or his likes and dislikes.

3.0 Plays in company of other children.

3.1 Plays independently and does not annoy or disturb other children and requires no adult intervention.

3.2 Plays with same kind of toys or play media in close proximity with other children.

3.3 Enters into group songs, circle games and snack time with others.

3.4 Shares toys, materials, food, and/or adult time with other children.

4.0 Performs for others.

4.1 Performs simple stunts.

4.2 Sings.

4.3 Recites.

4.4 Dances, etc.

5.0 Plays simple games with other children.

5.1 Uses see-saw with other child.

5.2 Plays simple ball games.

5.3 Plays simple table games.

5.31 Takes turns.

5.32 Plays toward a specific goal.

5.33 Observes rules.

5.34 Tries in friendly way to win.

5.35 Loses gracefully.

3. Elimination of gaps and weaknesses

The staff's involvement in organizing and developing a written curriculum provided opportunities for in-service training. The school's statement of philosophy was studied, up-dated, and revised. Ideas and general plans were formulated into specific behavioral objectives for the children to accomplish. Various resource materials were studied with a specific purpose in mind.

Staff participation in committees for the various sections of the curriculum provided good communication opportunities.

The first draft of the curriculum will provide guidelines for instruction and evaluation in 1973-74. The completed written curriculum should clearly and succinctly state for all concerned the philosophy, processes of education and objectives of the primary school.

F. To increase prevocational orientation experiences for primary school children.

1. Implementation

Staff members who taught the children in classroom 1 and the Balloon Room (15 children) planned and implemented activities that involved the children in a variety of prevocational experiences. Such children needed to be taught what most normal children learn incidentally about their homes, communities and societies.

Dennis Huber, head of extended services at the Pittsburgh Branch, Pennsylvania Association for the Blind and consultant for the project, observed the children and helped formulate the following for the year:

Child:

a. Assumes work responsibilities in the classroom and dormitory.
b. Observes and visits representative kinds of businesses and occupations in the community.
c. Prepares simple foods.
d. Identifies simple tools.
e. Constructs useful items out of wood.
f. Increases attention spans and work tolerance.
g. Uses safety measures.
h. Socializes appropriately while participating in activities.

Mr. Huber and two teachers, Paul Sammartino and James Kolesar, in the Upper School vocational program, discussed plans for the primary children in preparation for their attendance in Upper School wood-work and electric workshop classes.

The first stages of a systematized plan to encompass prevocational orientation were organized. The plan will be written using the curricular format presented in Objective E and included as part of the primary curriculum in 1973-74.

2. Evaluative data

Formulative evaluation procedures were utilized throughout the year. Mr. Huber met with Lower School staff members to discuss and observe the children's accomplishments. He felt that the initial objectives were successfully implemented.

For instance, to introduce the world of work and the acceptance of responsibilities each child had a different classroom task to perform each week, even though often the teacher or aide had to verbally and physically involve the child. The tasks included those of any regular classroom such as:

Child:

a. Leads flag salute.
b. Serves cookies.
c. Pours juice.
d. Opens windows.
e. Closes windows.
f. Gives weather report.
g. Waters plants.
etc.

The children discussed their visits to a farm, shoe repair store, beauty parlor, bakery and supermarket. They assisted in the planning and preparation of nutritious meals and snacks. They participated in ecological activities by cleaning up trash in the area of the school and discussing ways to prevent air and water pollution. They were involved in woodwork clubs where they learned to use simple tools and they made tie racks, napkin holders and various kinds of boats under the guidance of a child-care worker. While involved in the above activities, the importance of safety procedures and socialization techniques were emphasized.

3. Elimination of gaps and weaknesses

Steps were taken in objectively planning and introducing prevocational orientation to children who may not be able to enter academic programs in preparation for professional and

semi-professional fields. These children had success experiences at their levels of development that should help them develop positive and practical attitudes toward the world of work.

Children learned to use simple tools and perform tasks which children enrolled in Upper School woodwork, electric and metal workshops had to be taught at a much older age.

Staff meetings with Mr. Huber provided opportunities for the exchange of ideas about future possibilities for multiple handicapped children. Specific objectives to start preparing the children for future employment were formulated. A checklist of these objectives will be an important part of the primary curriculum.

G. To continue and expand educational guidance opportunities for parents.

1. Implementation

The following Sunday evening programs were organized for the parents:

a. September - General Parent-Teacher Organization meeting. Orientation and mobility presentation by mobility staff.

b. October - Parent discussion of ideas for the Lower School curriculum.

c. November - Open House and informal discussion groups.

d. December - Upper School children presented "Amahl and the Night Visitors."

e. January - I'm O.K. - You're O.K. by Thomas A. Harris, M.D. reviewed by Janet Klineman and Haskell Hollander.

f. February - Discussion led by parent, Mr. Schmitt, and Haskell Hollander.

g. March - General Parent-Teacher Organization meeting. Discussion of the introduction of affective education and positive human relationships in the school program by staff members; Mrs. Judith Rubin, art therapist at Pittsburgh Child Guidance Center; and Haskell Hollander, psychiatric social worker.

h. April - Miss Patty Vestal, teacher of Techniques of Daily Living, discussed her lessons with parents and houseparents.

i. May - General Parent-Teacher Organization Buffet dinner. Election of officers.

Children and the extended day staff presented "Scenes from the Lower School" on the Chapel stage.

Beginning in January, 1973 a parent discussion group was organized with the goal of preparing mothers to lead parent groups. Five mothers whose multiply handicapped children had attended the school for at least two years participated in a discussion group once a week.

Mrs. Rubin of Pittsburgh Child Guidance Center and the project director acted as facilitators at the meetings. During May and June, two of the mothers led a Thursday morning group and the others a Friday morning group. They meet with Mrs. Rubin and the project director each Friday after the discussion group to review their experiences and plan for their next meetings. Although they had difficulties with attendance due to many unavoidable circumstances and went through growing pains as leaders, they made plans to continue in the fall of 1973 and chose their first meeting date.

Families of 25 Lower School children attended the Open House in November, 1972, which provided opportunities for individual parent conferences.

Parents of children involved in the early education programs met weekly with staff members to discuss their children's progress and to receive information about specific tasks they could help their children perform at home.

Parent newsletters were sent home four times during the year to communicate information about the parent meetings and the children's activities. A sample Newsletter is presented in Appendix F.

2. Evaluative data

Twenty-one parents completed the questionnaire presented in Appendix G. They responded favorably to all the items, but the following items had the greatest number of responses and will be used for planning parent programs in 1973-74:

a. Programs which should be repeated:
   - Open House
   - Orientation and Mobility
   - Children's presentations

b. Activities for 1973-74:
   - Program presented by children
   - Informal discussions
   - Guest speakers
   - Staff presentations

d. How staff can best help parents:

Open House

Classroom visitations

Small group discussions

There was an average attendance of 15 parents at each of the evening meetings. The majority of the parents who attended consistently had participated in the initial small parent groups of Phases I and II. Early fall programs and those with presentations by children had the best attendance.

It may not be realistic to expect some parents whose children travel long distances on the bus to and from school each week to attend Sunday evening meetings.

In his annual report as consultant to the parent group discussions, Mr. Hollander, a psychiatric social worker, felt a new climate of closer school and family relationships was created this year by providing more opportunities for the parents to observe their children in activities or to see their work. He noted that it was apparent the children enjoyed performing and having their parents visit their classrooms.

He cited that the parent discussion groups can serve as a vehicle for examining what some of the gaps and problems will be and will have to be handled as children move ahead in the school program. Children who participated in the early Title I projects are now integrated into regular programs in the Upper School. The mother of one is a previous chairman of the Lower School group, and will again be the leader for 1973-74.

> Anticipating and being aware of future projections will help in bringing about a cooperative venture so that as the child matures, specific goals are met and the parents are involved as part of a process

Mr. Hollander stated.

3. Elimination of gaps and weaknesses

As a result of close relationships with parents in small discussion groups and individual conferences, the project director was able to implement the kinds of parent-staff activities most meaningful to the parents.

Their requests, such as an Open House on a Sunday evening, were successful.

An active member for the past four years, Mr. Donald Schmitt, was elected president of the School's General Parent-Teacher Organization, and Mrs. Josephine Bailey, previous chairman of the Lower School meetings, was elected vice-president. With their children in the Upper School and their interest in all children, they should continue and expand the goals and objectives of the Title I parent activities.

Although the parent groups have been small, the parents have initiated activities and provided important inputs and reactions to curriculum and program planning for their children.

As parents have seen multiply handicapped children progress in their various educational and social programs, they have acquired greater expectations for them. They seem to have more positive attitudes about their strengths but also realism in accepting their limitations. With the development of a vocational orientation curriculum early in the children's education and closer parent relationships, parents should be able to think more realistically about the future for their multiply handicapped children.

V TITLE I PROJECT, PHASE V

STAFF 1972-73

Project Director

Janet Klineman, Ph.D.

Graduate of University of Pittsburgh programs for teaching the visually handicapped.

Teacher--Early Education Program (Objectives 1 and 2)

Meryl Newman, M.Ed.

Graduate of University of Pittsburgh program for teaching the visually handicapped.

Teacher (Objective 3)

Jeannette Chechile, M.Ed.

Graduate of Kent State University Special Education Program.

Speech Therapist (Objective 4)

Sandra Schneider, B.S.

Graduate of West Virginia University with Speech and Hearing major.

Child Care Worker

William Kegg, M.S.Ed.

Graduate of Duquesne University Federal Work-Study Program in Counseling.

Child Care Worker--Early Education Program

Ellen Frauenheim, A.A.

Graduate of University of Pittsburgh Department of Child Development and Child Care three-year associate program.

Child Care Worker--Early Education Program

Gary Baughman

Undergraduate student, University of Pittsburgh.

Child Care Worker--Early Education Program

Diane Roebuck, B.A.

Graduate of Seton Hill College with Psychology major.

Child Care Worker--Early Education Program

Peggy Ross

Attended Community College of Allegheny County for two years.

Child Care Worker--Extended Day Program

Cynthia Taylor

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Dennis Huber, M.S.W.

James Kolesar, B.S.

Edward Nuffield, M.D.
Child Psychiatrist, Children's Hospital of Pittsburgh

Judith Rubin, M.A.
Art Therapist, Pittsburgh Child Guidance Center

Paul Sammartino, M.Ed. Equiv.

VI. SUMMARY AND CONCLUSION

Although individualized instruction and specific activities were planned for 55 multiply handicapped children, all of the Lower School children received direct and indirect services from this project. The development of a learning environment where each child can express himself, seek knowledge, and enjoy social opportunities with adults and other children was emphasized.

The entire staff of the Lower School seemed to gain greater cohesiveness in working together to define and to implement the children's instructional programs. Instead of displaying reluctance and negativism toward working with children with complex learning and behavior problems, staff members were encouraged by the gains such children had made during the year. Frustrating situations and periods were not as overwhelming as previously, since long-term evaluations indicated a child's accomplishments.

The staff seemed more aware of helping children with the learning process instead of just academic knowledge. Regardless of age or classroom placements, children were grouped for instruction according to their developmental levels.

The value of various kinds of positive reinforcement, especially verbal praise and opportunities for special privileges, was more widely accepted by the entire staff. The hierarchy from primary rewards towards special privileges and intrinsic gratifications was apparent this year. Children who required primary rewards during Phases I, II, III were reinforced with tickets and higher level rewards this year.

Evaluations of the implementation of the seven objectives indicated positive results.

A. By means of objective assessment procedures, behaviorally oriented tasks were determined for the children's individualized instruction in the areas of communication, academic readiness, self-care skills and socialization.

Children with any useful residual vision, distance or near, were encouraged to use it as efficiently as possible. Greater emphasis was given to the development of listening skills for slow braille and ink print readers.

Eleven multiply handicapped primary school children out of 14 made substantial gains according to auditory assessments in June, 1972 and June, 1973. Five preacademic students out of six also made substantial gains. See Table 4, p. 28.

Gains kindergarten children made according to the KELP provided objective information for their integration into classroom l activities. See Table 5, p 33a.

Check lists were developed to evaluate a child's progress in arithmetic and reading readiness. The check lists provided objectivity for instructional planning, guidelines for testing, and quantitative scores for pre- and post-evaluations. See Tables 6 and 7, pp. 35-9.

Most of the primary school children performed self-care skills independently, but those with motor and other disabling handicaps required special instruction and made slow gains.

Although some children were more responsive than others, a social atmosphere was noticeable in the classrooms, dormitories and play areas. Children who tended to be quiet and withdrawn received special guidance toward entering into social activities.

B. Twenty-one preschool children were evaluated in order to provide early intervention for them and guidance for their parents. Such stimulation and training should prevent or alleviate mental, physical, social and emotional developmental lags or deficiences for many of the children. Research has indicated that lack of attention to a child's deficiencies during early childhood may lead to irreversible handicaps.

Attendance at the school on a part-time or daily basis provided opportunities for the children to socialize with or be aware of other children of similar functioning levels. It provided opportunities for their parents to observe their children's educational programs and those of older visually impaired children.

Discussion groups and parent-staff conferences provided opportunities for parents to express their feelings about rearing a handicapped

child and to gain objective information for developing positive attitudes and for future planning.

C. Six children with complex learning and behavior problems who were often not manageable on a full-time schedule in regular classrooms responded to learning opportunities in a special room designed for their needs. Evaluations indicated they mastered academic readiness tasks of increasing difficulty, progressed in adaptive behavior skills, and made gains in socialability and acceptance of limitations. See Table 15, p. 66 and Table 16, p. 68.

D. Articulation difficulties were found to be the most prevalent type of speech disorder among 16 children who were referred for speech therapy. The children received half-hour speech therapy sessions once or twice a week. Their teachers welcomed the speech therapist's recommendations. Fourteen of the 16 children corrected or improved their misarticulations. See Table 17, p. 73.

E. The staff's involvement in developing and organizing a written primary curriculum provided in-service training and communication opportunities. The first draft of the curriculum will provide guidelines for instruction and evaluation in 1973-74.

F. Steps were taken in objectively planning and introducing pre-vocational orientation to primary children who may not be able to enter academic programs.

Specific objectives and plans were formulated toward the development of a written systematized prevocational curriculum at staff meetings with a professional in charge of extended and workshop services. In the classrooms and during after-school activities, the children had successful prevocational experiences which should help them develop positive and practical attitudes toward the world of work.

G. Educational guidance opportunities were continued and expanded for the parents. Close relationships were established with parents in small discussion groups and individual conferences. It was difficult to evaluate the results of such meetings objectively, but the parents who consistently attended the meetings appeared to have gained insights into their children's educational and social programs. They seemed to have acquired greater expectations and more positive and realistic attitudes toward them.

Longitudinal studies of the children who have received direct services from the Title I projects at Western Pennsylvania School for Blind Children beginning in July, 1969 indicate they progressed educationally and socially and have been integrated into general management procedures of the school. Positive outcomes in terms of early education evaluative and developmental plans which have been implemented and which are proposed should become visible in the future.

VII DISSEMINATION

In the Western Pennsylvania School for Blind Children's Annual Report, 1972-73, Dr. Alton G. Kloss, Superintendent, describes some of the accomplishments presented in this Title I Evaluation narrative.

> This past year at the Western Pennsylvania School for Blind Children has been one of continuing and accelerating change both in tune with modern educational thinking and in the make up of our student population, which is increasingly multiply handicapped.
>
> . . . . . .
>
> Working towards the objective of providing more learning opportunities for individualized instruction, rather than groups, we developed a developmentally sequenced curriculum with emphasis on the learning process rather than on movement from subject to subject or grade to grade. Our staff is in the process of preparing behaviorally oriented checklists that will be used to chart the progress of each child in many courses. We have initiated resource rooms to serve as individual tutoring environments. Newer techniques for teaching multiply handicapped children, including behavior modification and contingency management have been adopted for students at all levels.

Information and pictures concerning the 1971-72 Child Development Project, which were obtained in June 1972, appeared in a series of articles in the Pittsburgh Press the week of October 19, 1972. The need for funds to extend services to multiply handicapped visually impaired children and to build a third floor addition to the Lower School was presented in the articles. Reprints of the articles were bound into a pamphlet for distribution by the School. See Appendix G.

The film, "We'll Show You What We're Gonna Do" -- art for the multiply handicapped -- is available for purchase or rental from ACI Films, Inc. 135 W. 45th St., New York, N. Y. 10036. It illustrates the children's responses to various art media and opportunities for free expression during the 1969-70 Title I exploratory art program. Narrated and produced by Mrs. Judith Rubin, art therapist at the Pittsburgh Child Guidance Center and Title I Project Consultant, the

film has been presented at many professional conventions and seminars during this year. For example:

American Art Therapy Association
Institute on Art in Special Education, Department of Art, Northern Illinois University
International Seminar on Arts in Education, Perkins School, Lancaster, Mass.
National Art Education Association's Art for Exceptional Children
Conference at Queens College, New York
National Institute of Mental Health Meeting at Saint Elizabeth Hospital, Washington, D. C.
Pennsylvania Federation Council for Exceptional Children
Western Pennsylvania Psychiatric Institute and Clinic's Educational Conference

The film was shown several times during the year on WTAE's Faith in Today's World, Channel 4. Mrs. Rubin and Dr. Kiineman were interviewed before and after the film presentation.

The director has continued to personally disseminate information about the Child Development Projects. During this year she was a guest lecturer at the University of Pittsburgh, participated in presenting a workshop at Cresson State School and Hospital, and was a speaker at a Kutztown State College summer workshop for teachers. If available, she discussed the project with groups of visitors who toured the School.

This narrative evaluation will be sent to the following professional agencies:

American Foundation for the Blind
Carnegie Library, Division for the Visually Handicapped
Developmental Clinic, Children's Hospital of Pittsburgh
Ohio State University, College of Education
Pittsburgh Child Guidance Center
Pittsburgh Branch, Pennsylvania Association for the Blind
Regional Office for Blind Services
University of Pittsburgh, Department of Special Education and Rehabilitation and Department of Child Care and Development
Western Pennsylvania Special Educational Resource and Instructional Material Center
Copies will be available for members of the Western Pennsylvania School for Blind Children staff and other interested individuals and agencies.

APPENDIXES

APPENDIXES

A. Progress Report

B. Instructional Strategy Form

C. Early Education Developmental Checklist

D. Case Studies

E. Speech Graph and Report

F. Parent Newsletter

G. The Pittsburgh Press Articles Reprint

APPENDIX A

PROGRESS REPORT *

STUDENT: Number 1
INSTRUCTORS: Mrs. Chechile and Mrs. Schneider
DATE: Fourth Quarter, June 1973

In the course of this year, he has demonstrated to us that the auditory (Listening) approach to learning is the most successful for him. Noise, however, appears to disturb him, therefore a carpeted, quiet environment would be recommended.

During the last three months, he has worked on the following:

1) Clapping out the syllables in a word.
2) Categorizing objects (example: furniture belonging to a living room in contrast to furniture belonging to the kitchen).
3) Guessing riddles involving familiar objects.
4) Identifying numbers, up to 5, as even or odd.
5) Counting the number of braille cells on a card and selecting the correct number of blocks.
6) Retaining the pronunciation and meaning of new vocabulary words (i.e. tardy, disappointed, shower).
7) Using "v" and "th" correctly.
8) Dictating information about class activities and trips to be written in braille and print.
9) Memorizing and singing songs.

Socially, he has demonstrated an increased awareness by doing the following:

1) Assuming other students' job when they ask politely.
2) Wanting to take homework and his speech tapes home.
3) Giving help to friends having a problem by asking "Did you get up on the wrong side of the bed?", "Be a good sport," and "Tune in."
4) Buying presents for others with the money he earned.
5) Relaxing and counting to 10 or 20 when he's distressed, and then talking his problem out. Knowing it's human and perfectly alright to be angry or upset about something or someone, but to "cool off" and then solve your problem.
6) "Rough-housing" with male Child Care Workers.
7) Outstanding in all of his behavior was his increasing volunteering to take students to classes in other buildings on the school grounds. The other students were grateful. I feel he likes to be a helpful, brother-type friend to boys he doesn't see very often. Also, when he was not interested in joining in an activity with the group and was ignored for a while, he joined in with enthusiasm and participated fully after awhile.

* This report was included with reports to his parents as well as for school records.

We are very proud of his year at school and we wish everyone an enjoyable and safe summer and good luck in your new home.

APPENDIX B

INSTRUCTIONAL STRATEGY FORM
MOTOR DEVELOPMENT

STUDENT: Number 30
INSTRUCTOR: Mrs. Manning, Teacher
DATE: September-October 1972

Code
+ = progress
0 = no progress
* = mastery

Task 1. To dry her hands
Task 2. To unscrew and to screw the plastic barrels
Task 3. To open and close door by turning door knob

INSTRUCTIONAL ACTIVITY

Task 1. Preparation for snack and lunch time
Task 2. Find the gumdrop inside the barrel
Task 3. "Peek-a-Boo" game. Beth can see herself in a wall mirror if she opens the class bathroom door.

TERMINAL CRITERIA

Task 1. To pat dry the backs of each hand with a paper towel
Task 2. To unscrew the barrels for the candy treat inside
Task 3. To turn the knob, push open the door and see herself in the mirror

REINFORCER

Task 1. Verbal praise
Task 2. Gumdrop
Task 3. Seeing her reflection in a mirror

EVALUATION

	Task I	Task II	Task III		Task I	Task II	Task III
Oct. 2nd -	+	0	0	Oct. 9th -	*	+	+
3rd	+	0	+		*	-	+
4th	+	0	0		*	+	+
5th	+	+(Adult	+		*	+	-
6th	+	+holds barrel)	*		*	+	*

October 16 - We have deleted Task I. Beth now takes great pride in turning on faucets, washing her hands and patting them dry.

October 23 to 31 - Task II (Turning and opening barrels). Beth continues to need the bottom barrel held securely by an adult in order to open the two halves of the barrel. She makes a little twisting motion back and forth and thus opens each one of the six barrels of graduated sizes. We will encourage her to turn the top in only one direction, thus eliminating wasted motion. She can not put two halves together yet. (New tasks!!)

October 23 to 31 - Task III. Beth has mastered this task. She can turn knobs and push open light weight doors such as the bathroom door in the classroom and the teachers' cupboard. The classroom hall door is too heavy to push open now.

Appendix B (Continued)

STUDENT: Number 47
INSTRUCTOR: Lynn Andrews, Child Care Worker
WEEK OF: April 2, 1973 (3:30-7:30)

Code
- With verbal & physical help
/ With verbal help
* After initial direction

TASKS	Mon.	Tues.	Wed.	Thurs.
Negative behavior to be eliminated				
Temper tantrums				
Mild	1-1	1	1	1-1-1
Severe				
Positive behavior				
Examples: Followed simple directions cooperatively	Went to bathroom/	Went to dinner/ & bath/		
Participated in group activity			Movie	
Initiated play or skill activity	Swing Slide	Same & Baby Carg.	Jun.Gym Kick ftball.	
Manipulative Skills				
1. Grasps with fingers - spoon, toy crayons, etc.	-Swing	/Clothing	*Jun.Gym	*Jun.Gym
2. Makes random marks with crayon				
3. Makes up and down lines				
4. Tears paper				
5. Pastes paper on paper				
6. Turns pages of a book				
7. Unwraps coverings - candy, gum				
8. Disassembles - takes clothing off, takes simple objects apart	- All clothing well	-	-	-
9. Assembles - puts parts together, puts on clothing		- All clothing with help		
10. Throws - ball, bean bag, etc.				*Ball
Communication Skills				
1. Uses simple speech to obtain wants		/Ask to go to bathroom		
2. Names common objects			/bannister	/glasses
3. Names familiar people and greets them appropriately	Child Care Workers		Nurses	Houseparents
4. Names activities in her morning, afternoon and evening schedules		Go to Mr. Campeau (Phys.Ther.)	Go to school	Get bath Listen to story
Concepts				
1. Identifies the following concepts: 1) hot, cold, warm 2) rough, smooth 3) top, bottom	/cold water		/hot water	
Visual Discrimination				
1. Identifies colors	* Red			* Red,yellow * blue,green * black,white

APPENDIX C

Early Education Developmental Checklist[1]

Personal Social Behavior

1. Regards face.
2. Smiles responsively.
3. Smiles spontaneously.
4. Plays with own hands.

. . . . . .

8. Seeks adult praise for correct behavior.

. . . . . .

10. Allows self to be directed.

. . . . . .

21. Engages in solitary play.

. . . . . .

27. Shares toys.

. . . . . .

32. Engages in imaginative play.
34. Plays interactive games, e.g. tag.
35. Separates from mother easily.

Fine Motor-Adaptive Behavior

1. Equal movements.
2. Hands together.
3. Fists hands -- clinch on contact.

. . . . . .

5. Examines toy in hand; takes it to mouth.

. . . . . .

7. Neat pincer grasp.

. . . . . .

10. Attempts to regain lost object.

---

[1]Adapted from the Denver Developmental Screening Test and The Visually Impaired Child--Infancy to School Age by Halliday.

13. Turns book pages, several at a turn.
14. Can snip awkwardly with scissors.

. . . . . .

17. Uses crayon.

. . . . . .

19. Imitates +.

. . . . . .

22. Builds house with blocks.

Language Development

1. Responds to bell.

. . . . . .

3. Laughs, squeals.
4. Listens to own voice.

. . . . . .

7. Initiates social approach vocally.
8. Imitates speech sounds.

. . . . . .

10. Pays attention to own name.

. . . . . .

15. Points to one body part, named.

. . . . . .

18. Listens to rhymes, songs, interesting sound repetitions for short periods.

. . . . . .

23. Begins to use pronouns.

. . . . . .

26. Comprehends 3 of 4 prepositions.

. . . . . .

28. Uses past tense.
29. Can give/identify own sex.

. . . . . .

33. Defines words/ 6 of 9.

. . . . . .

35. Uses connecting words such as "and" to make longer sentence.
36. Understands basic time intervals.
37. Can print own name.

Gross Motor Development

1. Lifts head 90°.

. . . . . .

3. Rolls over.

. . . . . .

5. Balances head when sitting -- supported at hip.

. . . . . .

8. Sits without support; may lean forward on hands.

11. Moves on flat surface using reciprocal motion of limbs.

. . . . . .

13. Stands with help.

15. Stands alone well.

. . . . . .

17. Walks with one hand held.

18. Creeps up stairs.

. . . . . .

20. Walks well.

. . . . . .

30. Balances on 1 foot for 1 second.

31. Pedals tricycle.

. . . . . .

35. Pumps swing.

Self care

1. Requires night and day feeding.

2. Requires day feeding only.

. . . . . .

4. Holds bottle.

5. Reaches for bottle.

. . . . . .

7. Discriminates food from other objects.

8. Has favorite foods.

. . . . . .

10. Drinks from cup.

. . . . . .

13. Uses spoon, spilling little.

14. Removes garment.

. . . . . .

APPENDIX D -- Case Studies

CHILD #44

Birthdate: 1/24/68

Diagnostic Information:

Developmental Clinic Report: 7/7/71: Congenital blindness, etiology undetermined. Developmental delay in her speech and language and personal-social areas. Undetermined mental retardation. Very mild hyperreflexia and questionably tight heel cords -- early mild cerebral palsy undetermined.

Psychologist's Report: 7/26/71: At the chronological age of 3 years, 6 mths the Maxfield-Buchholz Scale of Special Maturity was administered yielding a social age of 2.6 years. At that time it was felt she was functioning at a level which is borderline incomparison to the social development of blind children her age. The main deficit noted was her lack of language.

Audiologist's Report: 5/11/73: J. responded by cessation of activity to narrow band noise. These responses indicated hearing which is within the normal range.

Psychiatrist's Report: 5/18/73: J. was seen as extremely regressed in all areas of functioning. She exhibited autistic tendencies.

J. began attending school in September, 1972 on a twice weekly basis and was considered a member of the preschool day program. She was almost totally non-verbal with vocalizations consisting of a repertoire of sounds which expressed either pleasure or displeasure. She was noted by the psychiatrist to have no startle response and to be extremely withdrawn and aloof. Though she enjoyed body play, she had little control of her own movements. J. was unable to sustain any interpersonal relationship beyond the superficial and sporadic. Left alone, she spent most of her time spinning, blowing on her hand and walking back and forth in an extremely mechanistic manner. She seemed aware of her mother but was not disturbed by separation. It was felt that this awareness was a positive beginning towards a deeper personal relationship with another human

being. Concern was expressed among the staff that the low quality of J.'s responses were due to the fact that she was "enduring" our efforts with the knowledge that she would soon be going to a less structured environment at home. Thus, attempts to structure situations which required verbalization were met with indifference and withdrawal. The only thing J. seemed to enjoy at this time were periods of unrestricted body play where no demands were made of her. On the basis of these observations, and after consultation with the psychiatrist, it was decided to integrate J. into the residential program provided in the special dormitory. It was felt that this would allow for more consistent and intensive stimulation and provide an opportunity to better assess J.'s educational potential.

Integration was begun in October, 1972. Mother stayed with J. overnight on two occasions. The purpose of this was twofold; one to provide J. the security of a familiar person, and secondly to acquaint mother with the school routine and some of the aspects of J.'s program. J. had a difficult time remaining at school on her first night. She remained upset until late in the night with no form of consolation satisfying her. Subsequent stays were more calm, though bedtime was always difficult and J. would remain awake very late. J. spent her first full week at school in November at which time she was better adjusted to the routine. At this time she accepted bedtime but remained awake in her room.

The program established for J. involved a highly structured schedule of activities in all areas of functioning. Situations were structured to increase bodily control, to encourage verbalization, to develop meaningful personal relationships with the child-care workers responsible for her program, and to improve self-care skills.

J.'s initial response to the residential program was resistance. Initially, she attempted to sleep during the day, thus isolating herself from daily activities and other people. The approach adopted by the staff was to keep J. awake during the day and to involve her in activities such as outdoor play, rocking on a chair with an adult, moving to music, and favorite finger-plays such as pat-a-cake. J. was consistently rewarded for her participation in these activities by tickling, verbal

praise and oyster crackers. Though the above activities were those which J. most enjoyed she was still resentful of staff intrusion. She began to have severe temper tantrums when she was awakened and in transition from one activity to the next. These tantrums were seen as a positive step in J.'s emotional growth. The staff felt that (the tantrums) indicated J.'s awareness and response to intrusion into her world. The tantrums were initially dealt with by holding J. in a secure fashion and explaining to her that she would not be hurt nor would she be allowed to hurt others. Most frequent in these tantrums was biting and pinching in an attempt to drive away the adult. As J. relaxed, she was released. It was noted that the tantrums became less severe over time and that J. began to seek the adult for comfort during these episodes. In addition to the decrease of duration and severity of the tantrums, they also became less generalized. J. only had tantrums on Tuesday mornings upon awakening and after coming inside from an outdoor play period. The Tuesday morning tantrums were thought to be in response to the shift from being home on weekends to being at school. It seemed to take J. one full day to make this adjustment. Gradually, these tantrums began taking place on Monday mornings when J. was returned to school and again were viewed as positive in terms of J.'s growing awareness of her surroundings.

To provide J. with a more positive release of her anger, several measures were instituted. She was taught to hit pillows instead of herself or others. Each morning J. had a "private time" with a staff member which was regarded as a time for J. to do whatever pleased her. The staff member allowed no intrusions into the room and always sat in the same place. At first, she involved J. in some structured body play activities and songs and later began to give J. the choice of playing with the adult or alone. "Playing alone" generally involved spinning, blowing on her hand and marching back and forth. At this time, the staff member would continuously talk to J., reviewing the day's activities, verbalizing J.'s activities and reminding her of all the fun things they could do together in "private time". It was noted that within the duration of each session, J. would begin to spin closer and closer to the staff member, finally climbing on her lap and smiling. She

was never required to remain with the staff member but once she approached, it was rare that she would chose to leave. J. used these sessions for a variety of activities. On particularly stressful days, she would spend a good deal of time in physical isolation from the staff member, though the latter never allowed verbal separation. Occasionally, J. slept during these sessions. She was always reminded that there was a time limit to "private time" and when it was over she would be expected to participate in regular activities. J. accepted this time limit and generally made an easy transition into daily activities. The staff member chose daily topics of conversation which appeared relevant to J.'s feeling. Most often discussed were those situations in which J. had shown anger. Much explanation was given about the acceptability of angry feelings and how staff wanted to participate in this anger rather than be closed out. J. was reminded that her blowing and spinning only removed her from unpleasant feelings but that these would return when she "tuned in". She was encouraged to express her anger more outwardly and was rewarded for appropriate displays of emotion. It was noted that her ritualistic withdrawal behaviors were greatly reduced after "private time" and she sought adult contact in a more positive way.

Once J. began to relate to her two child-care workers, she began to demonstrate a greater receptive language ability and to substantiate staff feeling that she had good receptive ability. Though she was not consistently responding verbally when requested to, she learned several nonverbal signals for expressing her needs. Staff felt that these signals would provide a necessary intermediate step between nonverbal and verbal communication. They were taught to give J. the security of knowing that she could in some consistent way demonstrate her needs and would receive consistent response. In conjunction with these signals, verbalization was always encouraged and a phrase was given to each signal.

The above techniques were used throughout 1972-73. J.'s progress report in June, 1973 indicated that she had made progress in all areas. She accomplished the following tasks:

Orientation and mobility:

1. Demonstrated increased bodily control and responded to the following commands:

a. sit up

b. stand up

c. knees to chest

d. step up

2. Went up and down steps independently, holding the rail with one hand.
3. Found the door to the third floor playroom with an occasional verbal cue.
4. Found her way out of doors from the base of the staircase with an occasional verbal cue.
5. Walked on a balance beam with one hand held and one hand on the wall.

Communication:

Expressive language

1. Pulled on her pants to indicate "potty"
2. Clapped her hands to indicate "happy" or "excited"
3. Pounded on pillows to indicate "angry"
4. Pushed plate away at mealtime to indicate "all done"

Receptive language

J. responded to the following commands:

1. Sit down
2. Show me your belly
3. Pull your pants: up
   down
4. Step up
5. Take off your clothes
6. Stand up

On the Communicate Evaluation Chart by Anderson, Miles and Matheny, she learned to perform the following items during the year:

1. Reacts to sudden noises
2. Normal voice quality
3. Laughs aloud
4. Recognizes own mother
5. Listens with understanding to words
6. Good movement of tongue and lips
7. Follows simple directions

CHILD # 51

Birthdate: 1/31/70

Diagnostic Information:

Ophthamalogical Information: visual impairment due to retrolental fibroplasia.

Other medical information: Born after 6½ month gestation. Birthweight: 2 lb. 3 oz.

R. was not seen at Developmental Clinic as it was felt that he was meeting most developmental landmarks.

R. was seen on a monthly basis from January, 1972 through June, 1972. He began attending school twice weekly in September, 1972 and was considered a member of the preschool day program.

R. was very reluctant to leave his mother on the first day of school. He spent most of the morning crying and asking for the reassurance that she would return. His child-care worker consoled him, explained some of the activities at school, and allowed him to talk about his fears. R. spent the entire morning sitting on the child-care worker's lap and was visibly more relaxed by the end of the morning.

Subsequent mornings at school proved R. to be more relaxed about leaving his mother and he began to develop a deep and trusting relationship with his child-care worker. The progress report in October, 1972 stated that:

> R. has stopped crying when Mommy leaves. He knows that she is leaving, accepts this and expects her to return. He has participated in many activities and is willing to try anything once. If R. is uncomfortable with a particular situation, he will return to something in which he feels secure, or repeat an activity over and over again. At times he needs to know that he is not alone.

General goals established for R. were:

1. To help with self-care and to develop skills in dressing, cleanliness, and eating.
2. To verbally communicate ideas, experiences and concepts.
3. To develop fine motor coordination and greater muscle control by mastery of skills involving fine muscles.

4. To attain greater gross motor coordination through physical exercise such as jumping, hopping, and skipping.
5. To become more aware of those around him and to take a greater interest in others.
6. To become more aware of sound and objects in the environment and to incorporate time and space.

Some of the tasks developed to implement R.'s educational program in accordance with the above goals were:

1. To remove pegs from a pegboard and to replace them in response to verbal direction.
2. To drop blocks into a box.
3. To draw circles on a chalkboard.
4. To locate the source of a light by touching it.
5. To point to the appropriate eye when asked to point to the eye where the light is.
6. To participate in circle games.
7. To follow simple directions:
   a. Put your hands in the air.
   b. Put your hands to your side.
   c. Reach down and touch your toes.
   d. Touch your shoulders.
   e. Put your hands on your head.
8. To identify common objects (e.g. comb, toothbrush, bar of soap).
9. To begin toilet training:
   a. To pull pants up and down.
   b. To urinate on the potty chair at scheduled intervals.

During the first half of the school year, R. became increasingly fond of attending school. He also acquired many of the above skills and related well to his child-care worker. He began to become aware of the other children and would often ask about them. R. was integrated into small group activities for short periods of time and learned to say his full name, to identify various body parts, and to identify clothing. During this small group session, R. was exposed to various textures, fruits, and vegetables. He no longer needed to hold an adult's hand when moving about and could locate various rooms on the third floor. Previously, R. had always arrived at school with a favorite toy from

home which seemed to provide him with some security. Though he often brought the toy through the year, he was able to relinquish it for most of the morning.

R. had acquired many social skills and the staff felt that he would profit from a group experience with sighted children. Though he was quite proficient verbally, he was still restricted in his freedom of movement. It was hoped that a group experience with active children would provide him with a model and increase his motivation toward freer movement.

In March, 1973 R. began attending a weekly preschool group at Shady Lane School. The group was designed to include both mothers and their children, with the goal of having the children develop peer relationships with their mothers' presence providing needed security. In addition, R.'s child-care worker attended these sessions, her goal being to withdraw as R. became integratedinto the group. The experience proved positive, and R. established brief relationships with some of the children and did, in fact, move about in a less restricted manner. The initial report, as written by the child-care worker reads:

> At first R. showed little interest in any activity. We explored the room together. R. was introduced to his teacher, M. R. discovered the piano and started to play until he was interrupted by another child. R. moved to the block corner andplayed with the toy animals and trucks briefly, with Mommy close by. R. was then introduced to a little boy, J. He and J. played side by side in the block corner. R. moved to the table, where he and Mommy played briefly with some playdough. All the children were, at this time, gathered around a turtle. R. picked up the turtle and handed it to the teacher. R. moved to the table for snack.
>
> At the table, R. conversed with the other children and adults, telling everyone about his daddy and his brother. After snack, R. went back to the block corner and climbed in one of two wooden wagons. He and Mommy and the teacher took turns pushing and being pushed in the wagon. R. talked with another parent. R. and another child fought over possession of the wagon until the teacher interceded and moved the other child to another wagon. R. piled blocks into the wagon and then replaced all the blocks on the shelf. R. moved to the "boat" where other children were at play and briefly rocked the "boat". It was announced that it was soon time to go home. R.'s teacher came and talked briefly with R. Everyone moved to the mattress for songs. The children sang the Bus song.

R. was asked what he would like to take on the bus. His reply was "me, me,me". Everyone then played Ring Around the Rosy. R. joined the circle, holding the teacher's hand and that of another child.

Gradually, R. demonstrated less need for his mother's constant attention. He became increasingly able to chose favorite activities though he still needed support in conflict situations with other children. In the final report, the teacher indicated that R. had made several gains but that he would have made a fuller adjustment to the class in a longer time period.

On the basis of R.'s experience and the reports of the teacher, the child-care worker, and R.'s mother, plans were made for R. to attend a preschool day camp at the Irene Kaufmann Center. A staff member from the Early Education Program attended camp with R. for the first week. It was her goal to orient R. to the camp program and to assist the counselors in this orientation. At first, R. was upset and cried for his mother. It was felt that this was a manipulative action in response to a new situation, and R. was reassured of his mother's return. After this brief reassurance, R. began to participate in camp activities. He especially enjoyed outdoor activity and swimming. The Early Education Program staff member explained to R. that she would not be returning on a regular basis but would visit him. After some discussion, R. accepted this and could verbalize her leaving. On a return visit, it was reported that R. had made a satisfactory adjustment and was participating in all activities.

During the school year, R. made the following gains and performed the following new tasks:

Orientation and Mobility (from the final progress report):

R. has become quite familiar with his classrooms and is more confident in his exploration of the rooms. He knows the location of the gym and the playground. R. is able to go up and down stairs independently and is aware of the notches on the railing which indicate where the steps begin and end. R. has enjoyed many outdoor activities. He has learned that pulling on the bars of the push-pull swings makes them move. He has also enjoyed playing in the sandbox.

Communication (from the Communication Chart by Anderson, Miles and Matheny)

1. Could point to doll's eye, nose, mouth, hair, hand, foot, etc .
2. Followed simple directions.
3. Has discarded jargon.
4. Answered:
   What does the doggy say?
   What does the kitty say?
5. Counted to three.
6. Repeated 5, 6 or 7 syllable sentence.
7. Repeated 2 or 3 nonsense syllables.
8. Repeated 2 or 3 digits: 3,1,2, etc.
9. Told how simple objects are used.
10. Named objects: pencil, car, key

Child-Care Worker's Report:

R. has no difficulty letting us know what he wants. He has also come a long way in initiating many of his own activities. He still speaks rather softly and we have encouraged him to speak louder. We have accomplished this to some extent by playing games where we produce loud sounds on a drum and by talking about holding up our heads and facing the person to whom we are speaking so that we are heard.

Self-care Skills (from the final progress report):

Eating: R. fed himself cookies and crackers. He drank independently from a cup and replaced it on the table without spilling. He began to try to hold the cup with one hand and became increasingly successful.

Toileting: R. began to use the potty chair but was not consistent. It was felt that R. understands what he was to do but did not always produce. He assisted with his pants and attempted to pull them both up and down at potty time.

The following items were gained on the Maxfield-Buchholz Scale of Social Maturity for use with Preschool Blind Children:

1. Shows definite attempt to feed self with spoon.
2. Makes definite effort to pull up or push down unfastened panties as an act of undressing or when going to the toilet.

3. Walks upstairs without physical help.
4. Relates experiences.
5. Jumps with both feet from low box or bottom step.

CHILD #69

Birthdate: 12/27/70

Diagnostic Information: Light perception in both eyes. Corrective lenses worn. Bilateral nystagmus. Probable congenital bilateral optic atrophy. Language and motor delay.

B. was referred to the Early Education program through the Pittsburgh Branch of the Pennsylvania Association for the Blind. At that time he was receiving programming through the Early Identification Project at the Home for Crippled Children. The staff there felt that B. needed some special assistance due to his visual impairment and a liaison was established between the two agencies. B. began attending the Early Education Program at Western Pennsylvania School for Blind Children (WPSBC) in October, 1972 and was seen on a weekly basis. His schedule was increased to twice weekly in February, 1973. His initial assessment indicated the following:

Orientation and Mobility:

B. preferred to crawl but could walk if one hand was held. B. explored his environment very carefully and was especially attracted to lighted areas.

Communication:

1. Expressive language: B. did not have any spontaneous speech. B. babbled and imitated sounds such as "ma" and "da".
2. Receptive language: B. seemed to decode most statements. At times he followed simple directions but generally he withdrew from the task, cried and crawled away.

Self-care:

1. Eating: B. drank from a cup. B. did not chew and he rejected solid food.
2. Toileting: B. was not toilet trained and wore diapers to school. No previous attempts had been made to train him.

Socialization:

B. interacted well with adults. He readily accepted new people. B. did not accept peer interaction and seemed somewhat unaware of the other children.

Other Observations Pertinent to Emotional Development:

B. attempted much testing behavior; manifested by screaming and and crawling away when demands were made upon him.

A Denver Developmental Screening Test, administered in October, 1972 indicated that B. performed the following tasks:

Personal-Social:

1. Regarded face
2. Smiled spontaneously and responsively
3. Worked for toy out of reach
4. Drinks from a cup

Fine-Motor-- Adaptive:

1. Followed past midline
2. Grasped rattle
3. Reached for objects
4. Raked raisin
5. Passed cube hand to hand

Language:

1. Responded to bell
2. Vocalized (not crying)
3. Imitated speech sounds

Gross Motor:

1. Sat without support
2. Got to sitting
3. Stood holding on
4. Pulled self to stand

On the basis of these initial evaluations, a program was planned which included the following major goals:

1. To walk independently
2. To feed self with a spoon
3. To eat solid foods
4. To become aware of other children and to participate in small group activities.
5. To acquire the beginnings of verbal language
6. To play with a wider variety of toys, especially those which would encourage independent mobility (e.g. pull toys) and those which would improve fine motor coordination (e.g. pegs, blocks).

Some of the tasks utilized to implement these goals were:

1. To pull a pull toy.
2. To play a crank-type musical toy.
3. To place plastic "donuts" on a post.
4. To stack blocks.
5. To pour water.
6. To eat solid food cut up in a soft food such as soup.
7. To find an object which was hidden from view.
8. To walk independently.

Of major concern when B. was first seen was that he was not walking independently. He appeared to have the necessary balance and coordination and walked well with one hand lightly held. He preferred crawling as his primary means of locomotion. When required to walk as opposed to crawling, B. protested. It was decided that B. would be held when he wanted to crawl until the protestations were over and then stood up and walked, holding an adult's hand. Since B. loved to explore the classroom areas, this motivated him toward the upright position. He quickly learned that the reward, exploration, could only be attained walking. Independent walking was broken further into the following component tasks:

1. To walk holding with one hand.
2. To walk holding a ruler (the adult held one end and B., the other.)
3. To walk pushing a small, stiff-handled cart.
4. To walk with a jumprope around his waist (the adult held the ends of the jumprope.)
5. To walk independently.

B. was quite sensitive to the adult's position when he walked. Any slight change in the way his hand was held or an attempt by the adult to release the ruler, initially met with protest. The transition to independent walking took place during the implementation of tasks #3 and #4. The cart provided B. with the necessary security for walking but eliminated the need for adult assistance. When the jumprope was tried, B. had gained confidence and was not as sensitive when the adult faded her assistance. Within two sessions after the use of the jumprope, B. was walking independently by February, 1973.

Subsequent to the acquisition of independent walking, B. also began tolerating more structure in his schedule. Whereas initially he could be engaged in a task for approximately 2 minutes, he could now tolerate between five to ten minutes on one task and a total structured setting for a half hour. He was also able to participate in circle games and enjoyed the songs. B. attempted to sing along and his speech became more intelligible by the end of the school year.

The final progress report in June, 1973 indicated that B. had made several gains in accordance with the above defined goals:

Orientation and Mobility:

B. went up and down stairs holding on to the rail. He did not need the adult's hand after he started. He did not alternate his feet on the steps. He was beginning to run a little; with adult help he bent his knees to jump up. B. walked around obstacles that were in his path.

Communication:

B. still babbled but he was beginning to say some words such as "eyes" and "mouth" after hearing the adult repeat these words while placing his fingers on the appropriate body part. B. followed simple directions such as "Put the cup on the table" and "taste the cookie". He also understood "no".

Self-care:

B. accepted more solid foods with less mashing. These included: pork and beans, french fried potatoes, and jello. He still refused to eat meat unless it was cut up into very small pieces. To encourage B. to chew, I placed one hand over the upper part of his mouth and placed one hand on his chin. By pushing up and down to bring his teeth together, B. began to chew. This was successful with candy, gum drops, and some meats.

Socialization:

In group activities B. sang "Put your finger on your (body parts)", "Ring Around the Rosy", and "Pat-a-Cake". He was often intelligible and kept time with the music. In small group activities and with adult help, B. was willing to taste cherries and grapefruit. The staff was pleased at his willingness to try these fruits even though he shortly spit them out.

B. enjoyed singing and clapping his hands and held other children's hands during circle games. He participated in parallel play.

Other Observations Pertinent to Emotional Development:

B. walked without physical support. He pulled a string toy toward himself and from behind while walking. In water play, he emptied water from a cup, then watched where it went. He rolled a ball. In fine motor activities, he used his hands to reach, grasp, bang, and splash. B. placed small blocks into a container and then took them out; he placed "donuts" on a stick and removed them.

On a Denver Developmental Screening Test administered in June, 1973, B. acquired the following new skills:

Personal-Social:

1. Used spoon, spilling little

Fine Motor--Adaptive:

1. Followed, 180 degrees.
2. Sat, looked for yarn.
3. Sat, took 2 cubes.
4. Thumb-finger grasp.

Language:

1. Laughed
2. Squealed

Gross-motor:

1. Stood alone well.
2. Walked well.
3. Walked up steps.

CHILD #70

Birthdate: 7/6/69

Diagnostic Information:

Psychologist's Report, 5/27/71: At a chronological age of one year, 11 months C. earned a social age equivalent to one year and 10 months on the Maxfield-Buchholz Scale of Social Maturity. At the same C.A., C. earned a score which falls at the norm for the 15 month level of development on the Bayley Motor Scale. Failures on the latter scale indicated areas that take a great deal of mobility and good coordination. C. gave the clinical impression of being emotionally immature. It was felt that C. was functioning within the average range for social development but that motor development was lagging.

Developmental Clinic Report: 5/12/71: Visual impairment was diagnosed secondary to aniridia, anterior polar cataracts, and glaucoma. Slow language development was noted.

Speech Consultation: 2/25/72: It seemed that C. was operating on much too basic a level to expect either good receptive or expressive communication from her. It was recommended to use the kind of stimulation techniques that a mother might use with a normal six to eight month old child and build from that point.

C. attended the Early Education Program two mornings a week during the 1970-71 school year. She began to attend five mornings a week in September, 1971 at the age of two and attended daily from 8:30 - 3:30 in 1972-73. C. was considered a member of the preschool day program. The initial assessment in September, 1972 provided the following information:

Orientation and Mobility:

C. did not always appear to hear background noises. She usually did not turn around when someone called her name. She either did not hear her name being called or was unaware that someone had called her. C. attended mainly to the movements of the child-care worker's mouth. She also enjoyed music and danced along to a record. C. walked up and down stairs unassisted and without upset. She went about the playroom freely and has become familiar with the other classrooms.

Communication:

C. had imitative speech. She babbled many sounds and had some words which she used indiscriminantly. She imitated: doggie, ruff-ruff, telephone and "whee". C. said "peek-a-boo", putting her hands in front of her face to hide. She sang something close to "Ring Around the Rosy".

Self-Care:

1. Eating: C. fed herself with a spoon and on occasion, used a fork. She had definite food tastes. Among the foods she liked were beans, soup, potatoes, chips, bread and butter, pudding and ice cream. She did not like vegetables and ate meat when it was mixed in with other foods as in stew. C. threw her food on the floor if given something she did not like. She enjoyed watching others eat and liked others to watch her.
2. Toileting: C. urinated on the potty chair when she arrived at school, and before and after lunch. She had occasional accidents.
3. Dressing: C. held out her foot for shoes and pushed her arm through the sleeves of her dress. She was usually cooperative when dressing.

Socialization:

C. went from one child-care worker to another without any apparent stress although she would not share the adult's attention with anyone.

C. actively participated in circle games with her peers. She would permit one of the other children to hold her hand while in a circle but did not like to be touched by the other children in any other situation.

C. went from Mommy to child-care worker indiscriminantly. Tantrums occurred when she did not get the full attention of a child-care worker or when she was encouraged to do something she did not want to do. In order to fill C.'s needs for affection, a fifteen-minute period was set aside for affectionate play, including cuddling, body play, and games which involved C. and her child-care worker in physical closeness.

On the basis of the strengths and weaknesses indicated in the above report, these goals were established:

1. To develop a more active interest in various sounds. To identify common sounds.
2. To sing along with familiar songs.
3. To perform simple commands such as: sit down, stand up, put the toy down, pick up the shoe, etc.
4. To participate more fully in circle games.
5. To participate in parallel play with another child.
6. To take off her coat.
7. To build a two-block tower, or to make a small train out of blocks.
8. To verbally identify common objects.
9. To answer simple questions such as : Do you want a cookie?
10. To point to her nose, eyes, mouth and hair on command.
11. To verbally communicate her needs.
12. To respond when asked: What is yourname?
13. To wash hands in preparation for lunch or at clean-up time.
14. To locate a towel and use it with only verbal cues.

Since C. had demonstrated delayed language acquisition, the development of appropriate skills was central to all the above goals. At first, C. was noted to babble extensively, imitate some words, and say some words spontaneously but at inappropriate times. She was fascinated by the movements of the mouth and spent long periods observing other speech. The child-care worker developed various games around this fascination and encouraged C. to imitate her mouth movements. C. was

The Pittsburgh Press
Tuesday, October 17, 1972 Page 25

"I might have been exposed to someone who had German measles during my pregnancy," Mrs. Bane said. Terry has The characteristics of a rubella (German measles) child.

When she discovered Terry was deaf and blind, Mrs. Bane took a correspondence course in communicating with the deaf, and also had weekly visits from a nurse from the Pittsburgh Developmental Clinic.

"But Terry needed more, and I didn't know how to give it to her. I took her to the New York Institute for the Blind, but it didn't work. She began picking up the bad habits of the disturbed children there—and they were more disturbed than Terry," Mrs. Bane said.

Finally, Terry was recommended for the Klineman program, and her progress is so fantastic that it keeps the staff buoyed up just to see her blossom out. Her mother said:

"I never believed that Terry was retarded, but everyone said she was. She's really coming along now, and the best part is that I can help her too. They tell me how to teach her when she's home with me."

Knows 70 Words

Terry now knows 70 word signs. Experts discovered she has useful vision, which is being encouraged by special techniques—working with colored papers and blocks in design problems.

She does puzzles, can write some of the alphabet, and even makes some sounds herself.

Her teacher, John Alexsevich, describes her as "bright and vibrant." Such teachers dream of uncovering a "Helen Keller mentality" and Alexsevich feels Terry could be that bright.

Billy Frantz, 13, is pride of program.

Billy Frantz, 13, is described as "the triumph" of the Klineman program.

He was a premature child, blind at birth. His twin, Margaret, has cerebral palsy, and is confined to a wheel chair, a student at the Home for Crippled Children, East End.

Margaret can see and has normal intelligence, but Billy's mother, Mrs. A. W. Frantz of Fox Chapel, said that Bill talked at 2 "but stopped all of a sudden, and never said another word until he was 8."

At 3, he was unmanageable at home, and his parents placed him in the Allegheny Valley School for Exceptional Children and then in the Western State School and Hospital in Canonsburg.

He was termed "severely retarded and uneducable," but some intuitive person at Western State noticed that Billy had "something."

He was an extremely active child, and figured out a way to use his hands as a radar screen, and could move about quite rapidly. He seemed very eager and inquisitive.

Admitted To Program

But he was turned down at the School for Blind Children at first, as being "uneducable." But finally, his second test around, he got lucky. He qualified for Dr. Klineman's program.

Once admitted, and after some persistent training in manners and school behavior, Billy astounded everyone—and delighted his parents.

Far from being retarded, he turned out to be bright.

His hearing and ability to tuck away facts in his mind are "above average," his teachers say, and from now on "the world is open to Billy," says Dr. Klineman. "He can do just about anything he sets his mind to."

His third-grade report card is sprinkled with As and Bs, and his teacher, Mrs. Norma K. Duda, says:

"Bill's eagerness to learn, personal motivation and perseverance have facilitated and increased his learning potential beyond our highest expectations. He has made remarkable progress in all academic areas."

He still has minor speech and mobility problems, and must have additional social experience. But he has come a long way from the 11-lyear-old undisciplined, blundering boy termed "uneducable" by experts.

At 13, he now is a regular student at the School for Blind Children, and the word "retarded" is not affixed to his name.

Who knows how many Terrys and Billys are waiting for the benefits of concentrated, imaginative teaching.?

All over the country, experts in special education—like Dr. Klineman—are trying to locate such children, test them adequately, and help them.

TOMORROW: Oakland blind school develops methods to evaluate blind children with multiple handicaps.

initially hesitant about imitation and often perseverated on one particular movement. Since C. often lost sight of the intention of the game, the child-care worker began again with gross bodily imitation. This was greatly enjoyed by C. and she soon became adept at imitating the child-care worker's movements. The transitional point between gross motor imitation and the initial mouth imitation games came as C. began assuming positions and waiting for the child-care worker to imitate. Her attention, at these times was totally focused upon the child-care worker who was now able to expand these games and to implement facial imitation. C. then began to imitate the child-care worker's mouth movements including the movements of both the lips and tongue. She produced a variety of sounds on imitation. Added to the program were tasks involving animal sounds. For a while, C. was intrigued by a stuffed red poodle which the child-care worker manipulated. She first learned to imitate "ruff-ruff" when the child-care worker had the dog "say" it. She then learned to respond to the question: What does the doggy say? At this point, what had previously been mostly babbling became jargon. C. jargoned to herself, to adults, and to some of the toys. Interspersed throughout were intelligible words which gradually increased in number. Tasks involving recognition of common objects were then introduced. C. was first exposed to a box of common and favorite items. As she played with them, the child-care worker supplied verbal labels and demonstrated their use. Again, C. imitated the words at first and later began to spontaneously say some of them. Colors were also introduced at this time. Initially, C. was to match small blocks to a square of paper of the same color. Gradually, she was required to state the name of the color she was matching and finally learned to respond when asked: What color is this?

During May and June, 1973 C. was exposed to picture cards representing common items at school. At first, she was shown the concrete object. When this was correctly named, she was shown the picture of the same object and encouraged to name it. Gradually, the common objects were withdrawn and C. was required to name the object with only the picture cue. She performed well on these tasks as long as the above precedure was followed; introducing the concrete first, then the symbolic.

Another area of improvement for C. was socialization. Initially, C. related almost entirely to adults, only tolerating other children during circle games. She showed no interest when her mother left. Though the child-care worker always drew her attention to mother's leaving, C. was inattentive. C. was encouraged to wave bye-bye which she rarely did, though she watched the child-care worker wave. She was then encouraged to say "bye-bye". At first, and in conjunction with the above outlined language progression, C. watched the child-care worker speaking with no connection to mother leaving. Eventually, the connection between word and action was made, and C. would occasionally repeat "bye-bye". Only in May and June did she begin to spontaneously say "bye-bye".

To encourage relationships between C. and other children, she was incorporated into a small group composed of children in the Early Education Program and the Nursery class. C. began to participate in song singing and hand clapping after about two weeks of quietly observing the other children. She later began to approach other children with a hug or with outstretched arms, wanting them to dance with her. She also began to participate in circle games without needing to hold an adult's hands and began to sing the words of the songs in circle games. C. also began to engage in the beginnings ofimaginative play. She became fascinated by jewelry and enjoyed admiring herself in the mirror while wearing earrings and necklaces. She often chose the hat of another child and wore it throughout the day, smiling and parading around the playroom.

In May and June, C. began to spend short periods of time in the Nursery classroom with the support of a child-care worker. She enjoyed these periods and anticipated going to the classroom. When the morning period was over, C. was upset at leaving.

Based upon her gains in social ability, plans were made for C. to attend a preschool day camp at the Irene Kaufmann Center. A staff member from the Early Education Program attended camp with C. for the first week. On the first day, C. attempted to approach some of the other children and to relate to them by pushing or hitting. Most of the children withdrew from her. On the second and third days, she began trying more appropriate ways of approaching, such as hugging gently, or dancing with other children. She also played in the housekeeping corner,

again finding positive peer relationships. C. showed extreme fear in the swimming pool but on a subsequent visit to the camp, it was learned that she adjusted to the activity and enjoyed the pool.

A cause for concern during the school year, was C.'s decreasing food intake. Though she had been choosy from the start, she began to reject even favorite food. It had been reported by mother that C. refused to eat at home and suggestions were made. Mother had not established a routine dinner time, and C. was often sleepy when dinner was presented. At this time, however, C. was still eating at school. Mother was sporadic in her attempts to implement a schedule at home, and within about a month, C. refused all food but milk and bread and butter at school. She even appeared fearful and would cry when a much trusted child-care worker attempted to feed her. C. cried, screamed, and curled into a ball when food was presented. At this point, further attempts to feed C. were made in a quiet room with two staff members present. One, whom C. trusted implicitly, held her on her lap, ready to praise her for eating. The child-care worker tasted all the food, hoping that C. would imitate. The other child-care worker sat facing C. and attempted to feed her, ready to present milk as a reward. All these attempts initially failed. The following notes were kept:

3/15/73: C. refused all foods, both finger foods and spoon foods, including deserts. The following steps were implemented:

1. C. was given empty spoonfuls and reinforced for accepting the empty spoon by receiving 1 raisin, a favorite she still ate.
2. The spoon was coated with pudding. If C. accepted it, she was given 1 raisin.
3. Spoonfuls were alternated -- 1 spoonful of milk; then 1 raisin on a spoon; then a spoon coated with pudding.
4. We attempted to introduce a few strands of spaghetti in a spoonful of milk. C. accepted several spoonfuls until she detected the spaghetti.

3/16/73: Food presented: pizza, vanilla pudding, chicken-rice soup, bread and butter, American cheese, cranberry sauce, french fried potatoes with ketchup, raisins, apple. C. tasted all foods. She willingly ate cranberry sauce, bread and butter, vanilla

pudding, raisins, and apple. The eating process was begun by imitating the child-care worker. At the beginning she only accepted a spoonful of food after observing the child-care worker accepting a spoonful. At the end of the meal, she spontaneously ate cranberry sauce, vanilla pudding, bread and butter, apple, and raisins.

C. was then reintroduced to the dining room setting. At first, she was presented with favorite foods with the gradual introduction of one new food at a time. By June she was again eating all her old favorites and had begun eating a few new foods. She was never cajoled at the table but was always praised for eating and for trying new foods.

The final report in June, 1973 indicated the following progress during the school year:

Orientation and Mobility:

C. became increasingly familiar with the Lower School building. She both located and returned from familiar places (dining room, playground, nurse's office) with only slight verbal direction since she sometimes stopped to play. She added the following to her knowledge of body parts: lips, teeth, tongue, neck, back, knees, and finger nails. C. enjoyed the game, Mr. Potato Head. This game gave her the opportunity to place body parts in proper position in relation to each other.

Communication:

C. identified and labeled common objects in her environment. She identified the following objects as well as pictures of the objects when presented in sequence or out of sequence: watch, ball, comb, spoon, soap, toilet, ring, cup, eye glasses, and hairbrush. C. demonstrated the use of each of these objects.

C. seemed to know but did not say the names of other people in her school environment, both adults and children.

We encouraged any verbalizations and required them for favorite activities. For example, when C. wanted to jump, she was asked, "What do you want to do?" Though she generally answered, the adult sometimes had to prompt the response. She needed a great deal of prompting to say her name when requested.

Self-Care:

1. Eating: C.'s eating habits showed great improvement. She ate favorite foods such as french fried potatoes, bread, jelly, American cheese and bologna as well as new meats and vegetables such as hot dogs, hamburgers, corn and tomatoes. She learned to push her plate away when she finished her meal. She asked for more milk and named such foods as ketchup, water, and cookie.
2. Toileting: C. was consistently requesting to go to the toilet. She pulled down and pulled up her panties. She needed a reminder to wash after toileting but did so with only occasional verbal assistance. She located the towel and adequately dried her hands.

Socialization:

C. has shown a greater interest in the other children. She participated in parallel play with another child and was an active participant in games with small groups of children. She enjoyed singing and dancing games. In addition, C. performed the following new items on the Maxfield-Buchholz Scale of Social Maturity:

1. Makes positive response to simple command or request.
2. Takes part in parallel play with other children.
3. Uses names of familiar objects.
4. Makes definite effort to pull up or push down unfastened panties as an act of undressing or when going to the toilet.
5. Walks upstairs unaccompanied. May hold rail.
6. Asks to go to toilet.
7. Helps at little household tasks.
8. Dries own hands acceptably.
9. Jumps with both feet from low box or bottom step.
10. Walks downstairs one step per tread without help, placing alternate feet on successive steps.

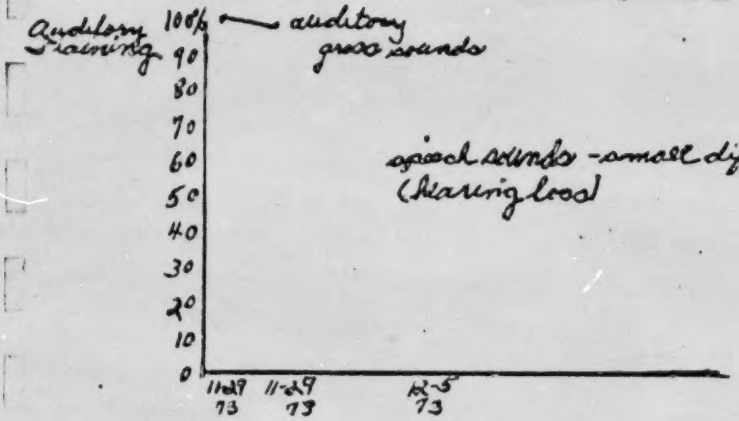
C. performed the following new tasks on the Communicative Evaluation Chart by Anderson, Miles and Matheny.

1. Names familiar objects: ball, dolly, etc.
2. Reacts to sudden noises.
3. Heeds spoken voices.

4. Begins to vocalize sounds.
5. Localized source of sound: bell, etc.
6. Turns to speaking voice.
7. Understands "no, no" when spoken.
8. Babbles more extensively.
9. Obeys command, "Give it to me".
10. Imitates a variety of sounds.
11. Good movement of tongue and lips.
12. Identifies objects by pointing.
13. Extensive vocalization and echoing.
14. Can point to doll's eye, nose, mouth, hair, hand, foot, etc.

APPENDIX E

Student No. 3



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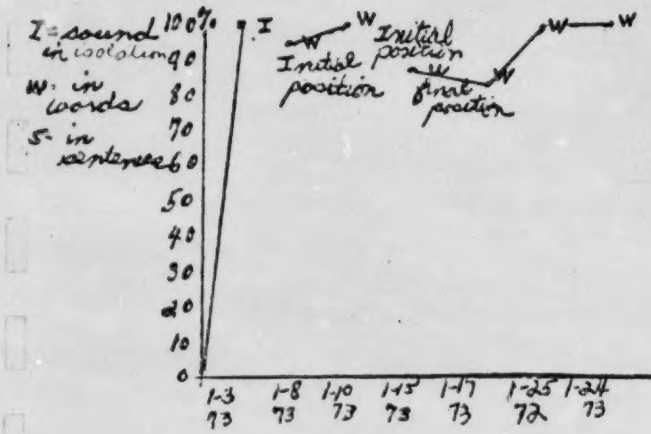

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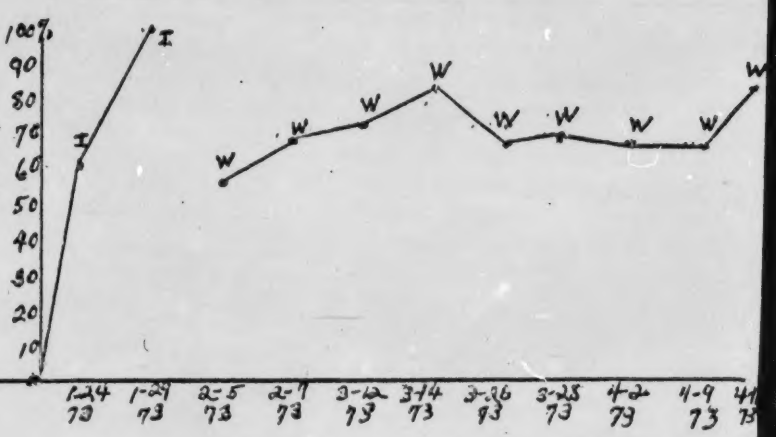

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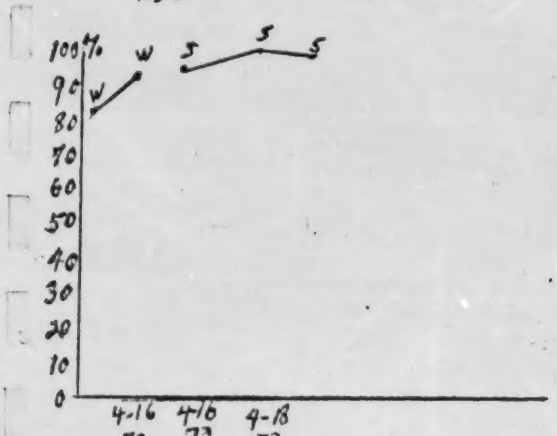

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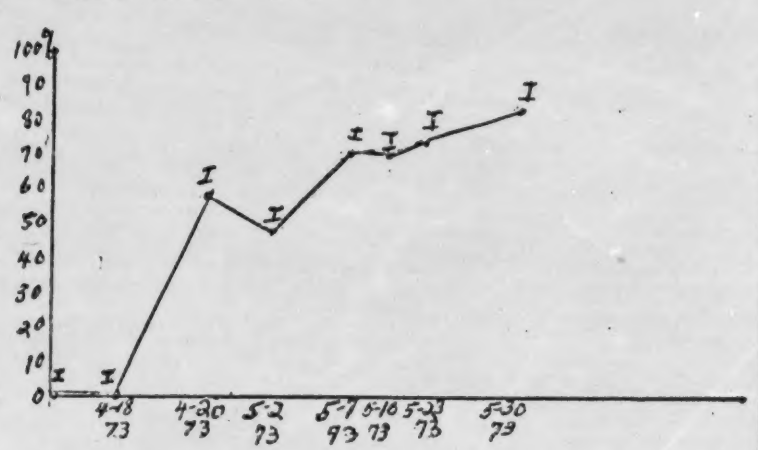

APPENDIX E (continued)

Student: #7 Period of Summary: Nov., 1972
January, 1973

Grade: 2

Diagnosis: stuttering Clinician: Sandra Schneider

It was noted through observation, that Steve's speech contained hesitations, repetitions, and prolongations in almost every sentence. He did not seem to be particularly aware of his dysfluencies, although some straining of the neck and jaw were noted.

Speech therapy was initiated in November in an effort to reduce communicative stress. (Steve seemed to have difficulty in gaining classroom attention.) Teachers, aides, child-care workers, and houseparents co-operated by insuring Steve ample time and attention to express his complete thought. The staff was asked not to finish a sentence for him.

By December 11, 1972, fluency was maintained throughout the speech lesson. On January 3, 1973, after a three week vacation, Steve maintained 100% fluency, and was dismissed from therapy. As of June 11,1973 Steve maintained 100% fluency.

Scenes from the Lower School

Scene IV Rhythm Band

Scene V Mary White and the Seven Dwarfs"

Snow White: Judy Hafnsky or Marcy Laughner

Queen: Karen Gardner Old Peddler Woman: Marcy Laughner

Huntsman: Keith Clawson Harvesters: Nancy Neiman, Gina Pisano

Scene V "Mary Merrie Day"

Appreciation Corner

Thank you to our contributing editors, Josie Bailey and Lisa Lee Gaede; to Dia

Cooking on the Farm

A trip to Round Hill Exhibition Farm
Dictated to Mrs. Dale by Classroom 2 children

Classroom 2 visited the Round Hill Exhibition Farm on [illegible] May 16. It was a [illegible]

[illegible]

When the House is Done

Once upon a time there was a woman who had three children. There was a lot of heat in the house. So they turned off the heat and ate their supper. The mother said, "When you go to bed, turn off the lights." They cleaned the house before they went to bed. They turned off all the lights in the house.

—Alexandra Colon

The stories from Mrs. Dewitt's creative writing class reveal the children's early involvement in ecology.

[illegible] Is Lost

Once upon a time there is a boy. His name is Johnny. One day he was a boy standing the steps. His mother [illegible] "Wait [illegible]

[illegible]

Growing Plants—Activities to [illegible] in Classroom 2

We planted carrots, marigolds and beans in our patch. First we got a pot. Then we put in stones on under and then dirt. We made a hole and put seeds in it. We covered them up, then put water on it. We put them on the windowsill where the sun comes in. They need fresh air. They don't like to be hot (just like people). We let them grow and water them every day...be kind to them and be careful not to drown them or break them. Will you come to see them?

* * * *

[illegible] [illegible] [illegible] [

APPENDIX G

The Press Reports On

Western Pennsylvania School For Blind Children's

Newest Program

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Education Helps Blind-Deaf Boy, 4, To Help Self

By Margie Carlin

Richard Stibrik, Terry Ryan and Billy Frantz are retarded children with one thing in common — they are blind.

But in addition, Richard, 5, and Terry, 7, are deaf and cannot talk. Billy, 13, has minor speech and motor disabilities.

Many Problems

These youngsters are some of the special students enrolled in the new program for the blind multiple handicapped at the Western Pennsylvania School for Blind Children in Oakland.

Besides being blind, these children might also be deaf, have cerebral palsy, brain damage, orthopedic handicaps, speech problems, muscular dystrophy and other physical defects.

In addition, they have a variety of emotional problems, ranging from extreme withdrawal into a fantasy world to erratic temper tantrums, which is not surprising considering their crushing physical disabilities.

Such an assortment of handicapped children would be enough to daunt any teacher, but Dr. Janet G. Klineman is an extraordinary educator.

She is directing this exciting new educational program at the Oakland school for the blind. For three years, she and her staff have run an innovative, federally-funded (Title I, Elementary and Secondary Education Act) experimental program to see if special educational techniques could help blind, multiple handicapped children.

The program has been so successful that the school is conducting a fund drive for $600,000 from foundations and other private sources to build a third floor Evaluation and Child Development Center for blind multiple handicapped children atop the present lower school building on the Oakland blind campus.

There is no question that Dr. Klineman's imaginative methods and the enthusiastic approach of her staff — teachers, child care workers and volunteers — have brought a cascade of hope into the lives of Richard, Terry and Billy, and many other youngsters with similar overwhelming handicaps.

6-Month Baby

Richard is an example of a premature 6-month baby who would have died in another time. But today, medical science was able to rally the latest drugs and techniques around his incubator and he lived.

At birth, he weighed just two pounds and six ounces, but after 85 days of constant care, he was strong enough to go home.

His parents, Mr. and Mrs. John Stibrik of Murrysville, didn't know for sure he was blind and deaf until he was a year old.

But Mrs. Stibrik says she kept noticing things she didn't want to see. Richard didn't respond to a toy or arms that reached for him, and noises didn't mean a thing.

Finally, after weary rounds of doctors and clinics, they received the crushing diagnosis that their son couldn't see or hear. At this news, Mrs. Stibrik said they panicked.

"We figured we were being punished for something we had done — that it was our fault," Mrs. Stibrik added. They didn't realize it, but these guilt feelings and self blame are common to almost all parents of handicapped children.

"We just took him home, and cried a lot. Then we just made up our minds that we'd try to make his life as happy as we knew how."

The way they did this was to coddle him and give him everything he seemed to want. They carried him everywhere. In short — they kept him an infant.

Couldn't Chew

When he came to Dr. Klineman at the School for Blind Children, he was 4 years old and in diapers. He couldn't feed himself. He couldn't talk, and couldn't even chew.

"We didn't know how to teach a child who couldn't see or hear how to chew — so we always gave him soft foods or things he could suck," Mrs. Stibrik said.

Richard could walk or crawl, but only with an adult's help.

He didn't know the difference between day and night, and frequently would sleep all day, and cry and whine all night.

That Richard caused havoc in his world was an accepted fact.

The Stibriks were frantic. The years stretched ahead, and no solution seemed in sight. Richard was locked in his own dark silent world, and his parents didn't know how to reach him.

A social worker recommended they take the child to Dr. Klineman for evaluation and help. And in the year since he's been enrolled in the special program at the School for Blind Children, he has learned to feed himself and to dress with some assistance.

He doesn't whine any more, but touches the teacher's hand when he wants attention. He knows some signs to communicate further by touch.

When he went home for the summer, his mother says he would walk alone to the kitchen and stretch out his hand — palm up — on the table.

"That was his sign that he wanted a cookie," his mother explains, "and you don't know how happy I was to see him ask and to give him that cookie."

Escape From The Attic

For years, retarded blind children with multiple handicaps have been hidden away in attics or institutions because parents and educators simply couldn't cope with such overwhelming problems.

Now, however, educators are taking a new look at such complex children and developing new educational techniques to help them.

The Western Pennsylvania School for Blind Children now is conducting a drive for $600,000 to build an Evaluation and Child Development Center for these youngsters.

This is the first in a series about some of the children and their development under the new educational techniques.

— Press Photos by Edwin Morgan

Dr. Janet Klineman works with Tony Cuseen, 6.

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Richard learns to tolerate earphones.

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Becoming Independent

Richard also is becoming adventuresome and eager to explore his world. He will go up and down steps, and walk around a room alone. His mother considers this a "miracle," because she spent the first four years of his life carrying him around.

Best of all, the teachers trained Richard to tolerate earphones, so that he can be fitted with a hearing aid in the fall. In brief testing, experts have found that Richard has some "low register" hearing.

Child care workers began by putting the earphones on Richard for a second or two. When he would leave them on for longer and longer periods, he would be rewarded with a drink of pineapple juice and "lots of hugs and kisses," according to Dr. Klineman.

Before he went to the school, his mother said that if he didn't like something, he'd just rip it off and throw it on the floor. Now he puts up with the earphones.

Nobody knows how much Richard can learn, because they haven't been able to test him adequately. But he is mastering important self-help skills.

Although he's 4, he's just emerging from the cradle. Dr. Klineman says that another year of intensive training could indicate his future capabilities.

Such intensive work with blind-deaf retarded is comparatively new here, and guidelines are being established as the work goes on.

TOMORROW: Imaginative teaching techniques for complex children.

Escape From The Attic

Tuesday, October 17, 1972

School For Blind Students Refuses Verdicts Of Experts

[Second of a Series.]

By Margie Carlin

Terry Ryan, 7, is a delicate blonde girl who is totally deaf, has minimal sight, and no verbal language.

"She was nervous and uncontrollable at home, and doctors termed her 'too complex and retarded to be educated.'"

Luckily, Terry never quite understood that life sentence from the experts.

Hates Labels

She is enrolled in a special new program for blind, multiply handicapped youngsters at the Western Pennsylvania School for Blind Children, and she is making marked progress.

Dr. Janet G. Klineman, head of the lower school at the blind institution and the innovative director of the special new program, has a healthy disregard for what she calls "medical and psychological labels."

She refuses to shelve any child, and abhors the policy of folding severely handicapped children away in institutions and then forgetting them.

She believes in observing each child with fresh eyes, and says:

"Terry is an example of a child being labeled, and everyone is supposed to respond to that label. It doesn't give the child a chance to grow and change."

Terry has psychological problems. She would withdraw, and wouldn't relate to other people or things.

Her mother, Mrs. Linda Bane of Finleyville, said she would get so bored she'd run around tearing the house apart.

She Needed More

Mrs. Bane, who has two other normal children, says she doesn't know what caused Terry's physical problems.

Terry Ryan, 7, works on mastering the alphabet.

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Wednesday, October 18, 1972 Page 29

Escape From The Attic

Special Education Finally On Way To Blind, Deaf Retarded Children

[Third of a Series.]

By Margie Carlin

This country's blind, deaf and crippled retarded children—long hidden in attics and institutions—are starting to get a better break.

Educators, doctors, social workers and psychologists are teaming up to find the children and give them the special education they can absorb.

The first institution here to establish a facility for this purpose is the Western Pennsylvania School for Blind Children in Oakland.

The school is starting a fund drive for $600,000 to construct a third floor addition to its lower school building to serve as an Evaluation and Child Development Center for multiply-handicapped blind children from infancy to 10.

The school already has a $100,000 grant from the Sarah Mellon Scaife Foundation, and will seek the other funds from foundations and private sources, according to Dr. Alton G. Kloss, superintendent of the blind school.

Complex Evaluation

He stressed that the program will be entirely separate from the school's regular classes for blind children who are normal. However, he said that if the children prove able, they will be absorbed into the school's regular curriculum. He explained:

"Evaluating a blind-deaf child, for instance, is extremely complex. Just learning how to communicate with such a child is a long hard process and requires special techniques. Of course, sometimes such a child is labeled retarded, when that is not the case at all. He simply has not had a chance."

Twenty years ago, the most common cause of blindness was too much oxygen administered in the incubator. Many premature infants survived, only to come up with retrolental fivroplasia—an eroding of the fibrous tissue behind the lens of the eye. Such children were blind, but with normal intelligence.

"Now, however, we are getting the results of the rubella—German measles—epidemic of 1965," Dr. Kloss said. "These children can be blind and deaf, mentally retarded, have heart and neurological defects and other impairments."

New glasses encourage Gregory Scott to exercise his eyes.

Dr. Kloss explained that many babies saved by modern medical techniques have many other physical defects, including blindness. He described such children as "great big question marks." He added:

"Some may have fine minds, but with their physical defects, they can't express themselves. It will be our job to find out what these children can do—to give them a chance to flower."

Kloss stressed that the Oakland blind school never will become a custodial institution, because it is not chartered to do so.

"If after thorough testing and using all the methods we know, the child is termed uneducable, steps will be taken to get the child into the proper institution."

He estimated that the concentrated personalized testing and teaching of each multiply handicapped blind youngster would cost at least $9,000 a year, and maybe more. He explained:

"Children with these handicaps require a one-to-one instruction program. We think the new center will be able to handle 20 such complex children. Costs will be high, but after all, it is an investment in human life."

The school has a firm basis upon which to run an assessment facility for blind, multiply handicapped children. For three years, Dr. Janet G. Klineman, educational director of the lower school, has run innovative classes for such youngsters.

These include blind youngsters who also might be deaf, have cerebral palsy, brain damage, orthopedic handicaps, speech problems, muscular dystrophy, or severe emotional problems.

Dr. Klineman faces the fact that her only possible recommendation for some children might be that they be institutionalized.

Taught Basic Needs

"But they can be taught to handle basic needs—to wash and dress and use a spoon to eat. Each person should have that much dignity if possible," she said.

She permits herself no pity or tears when contemplating a child so burdened with handicaps. She explained:

"That doesn't help the child, and we're here to do what we can. These children haunt me—they need so much help. They are accidents of nature, or their physical problems are. They are puzzlements, nobody knows exactly how much they can learn—that's why each one needs an individualized approach."

Dr. Klineman has one rule:

"We never say never," she says.

TOMORROW: Developing abilities of special children.

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Thursday, October 19, 1972 Page 21

Escape From The Attic

Educators For Blind Stress Positive Side

[Fourth of a Series.]

By Margie Carlin

One of the first rules for educators at the Western Pennsylvania School for Blind Children in Oakland is to look for abilities, not disabilities.

This maxim especially applies to a new program for the blind multiply-handicapped children at the school.

Dr. Janet G. Klineman, head of the lower school and director of the new program, explains:

"We start where the child is, and often that's not the chronological age. If a child is seven, but still an infant in experience and behavior, we treat him like an infant."

Dr. Klineman says her staff tries to capitalize on what the child can do to develop new abilities.

Decent Life Denied

Many blind, multiply-handicapped children are the victims of misunderstandings. Families frequently have resentment and guilt feelings.

Some of these children have been hidden in dark rooms, neglected, beaten, abused, over-indulged, infantilized and otherwise denied a chance at a decent life.

Many parents and families simply cannot handle the overwhelming problems of a blind handicapped child.

"However, once such a child is here — living and breathing — I feel we have a responsibility to do what we can to make life endurable for him and his family."

Dr. Klineman taught at the School for Blind Children in the regular curriculum for six years before deciding to get her doctorate. She had intended to concentrate on compressed speech, a kind of "ear shorthand" for the blind.

However, Dr. Alton G. Kline, the school's superintendent, steered her into developing a special curriculum for slow blind students. She began her study in 1969 with a two-week seminar for 17 blind, multiply-handicapped children and their parents.

"Including the parents was a good idea for us. These people feel so isolated with their problems, we were afraid they'd be shy and not talk. But on the contrary, they seemed relieved to compare problems with other parents in the same boat," Dr. Klineman said.

Coordinating Services

Dr. Klineman began the fall of 1969 to organize a special curriculum for these children. She traveled to other special schools in the eastern United States, and also developed a program of coordinating services of many agencies in Pittsburgh to concentrate on each child.

These include the Developmental Clinic at Children's Hospital, the Pittsburgh Child Guidance Clinic, the Pittsburgh Branch of the Pennsylvania Association for the Blind, Western Psychiatric Institute and Clinics, the University of Pittsburgh Department of Special Education and Rehabilitation, the Speech and Hearing Clinic, and whatever other agencies might provide help for a special problem.

One vital source of help is the Developmental Clinic. Director Grace Gregg says her staff is ready to test children from "day one." She explained:

"The earlier we can begin assessing abilities the better. When a child is blind and deaf, and has other multiple handicaps, of course we have special problems and it takes the child longer to develop. But we like to recommend the development of an educational program for the child as early as possible."

Increased attention has been paid in recent years to developing tests and educational tools for the mentally retarded.

Motivation Called Vital

Dr. Ralph Peabody, coordinator of the Department of Special Education and Rehabilitation for the Visually Handicapped at Pitt says:

"Motivation is vital. After all, if a child is blind and deaf, or crippled, or has other handicaps, he doesn't have any reason to reach out.

"Quite simply, this kind of child has to be stimulated any way the parents or teachers can do it. He should be kept in the noisiest part of the house, and included in everything. He shouldn't be hidden away in the dark and quiet corner.

"The teacher has to awaken the child in whatever manner works. Then the teacher must condition the child to perform desirable tasks—so it boils down to a very elementary system of rewards for good behavior and rewards for correct response when you're dealing with a severely retarded, blind, multiply-handicapped child."

TOMORROW: Special educational techniques for blind multiply-handicapped children.

CLOSE WORK — Teacher aide Karen Tedesco and new glasses help Joe Antonucci learn to read.

Press Photos by Edwin Mirgon

LEARN BY DOING — Ira Thomas, 9, breaks egg in bowl so entire group can mix muffins and bake them for lunch. Many multi-handicapped children have short interest spans and learn by enjoying what they're doing. In foreground is Sam Handel, and from left, Eric Rhodes, teacher aide Beth Ann Petraglia, Ira, Scottie Klingensmith and Dan Starkey. School for Blind Children has run innovative classes for three years.

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Escape From The Attic

Personalized Touch Widens Horizons For Handicapped

[Last of a Series.]

By Margie Carlin

Imagine an infant born blind and deaf.

He exists in a dark quiet world, with only touch and taste and smell to help him learn.

Unless someone comes along with special educational techniques, this baby will remain on the infant level, and if he has additional physical, emotional and mental problems, chances are he will spend his life in an institution, helpless and a hopeless problem to his parents and society.

Innovative Approach

Today, however, new ways are being used to help reach retarded blind children with multiple handicaps.

A special program for these children has been developing for three years at the Western Pennsylvania School for Blind Children in Oakland.

It is directed by Dr. Janet G. Klineman and has been so successful that plans for a separate third floor addition to the institution's lower school building are completed. Construction will begin as soon as the school completes a $600,000 fund raising drive.

The addition will be called the Evaluation and Child Development Center for Multiply Handicapped Children.

Educating blind children who also could be deaf, have brain damage, orthopedic troubles, cerebral palsy, muscular dystrophy, be psychotic or mentally retarded offers tremendous problems.

Individualized Teaching

Such training requires a one teacher-one student approach.

Blind students who cannot progress in a normal blind school situation are placed in special classrooms for various parts of the day where they can progress at their own speed.

Each child requires different techniques and learning reinforcements, which are provided on an extremely personalized basis.

Such training in basic behavior requires the round-the-clock residential school experience. The lessons go beyond the classroom into living situations, so the child can progress socially.

The present program is tailored for children from infancy to 10 years. Dr. Klineman has a special toddlers' program several times during the week.

"The earlier we get them and start special training, the better their chances," she explained.

She heads a staff of 27 teachers and child care workers, 17 practicum teachers from Pitt, and 76 young volunteers who spend hours in tedious training of tasks and also provide companionship for the children.

Dr. Regis F. Ferson, assistant superintendent, is overall administrator of the lower school program.

BRAVE STEPS—Sam Handel, 10, is paralyzed and blind, but instructor Audrey Smith has him confident enough to walk on crutches, even on stairs.

The staff frequently has to dream up ways to reach a complex child, and some of the methods are classic in their simplicity.

Exploring The Body

For instance, a blind-deaf child at 5, who has spent much of his life curled up on a bed or floor has no idea of the world.

"He doesn't even know about his own body," Dr. Klineman said. When this problem came up with Richard Stibrik, the child care worker took a straw and blew air through it on the child's skin.

"This causes a tickling sensation, and makes the child explore the area. We also tickle and play with the child a lot — to get him to move his body and get used to body contact," she said.

Last year, Dr. Klineman planned special programs for 10 blind multiply handicapped children, and also directed regular classes for 45 other lower school blind children.

A tour through the school can be a gulp-in-the-throat experience. To see a blind boy hoist himself out of his wheelchair to perch on crutches for a trip down a flight of stairs can be a lesson in sheer courage.

Sam — a blind towhead in a wheelchair because of spina bifida — had a dire fear of falling, so getting him on crutches took a lot of persuading. His child care worker, Audrey Smith, says:

"Sam's a regular student at the School for Crippled Children, and there he can stay in his wheelchair. But if he wants to go to school here, he has to go up and down steps. So we had to make a game out of it.

"Sam has had some bad falls, and naturally he feels safer in the wheelchair."

'Just Kept Nagging'

A major impetus for Sam was the persistence of a little blind girl at the school named Jody.

"She just kept nagging him until he tried it, then he was so proud that now he likes to show off," Miss Smith said.

She claims that "Sam has the smarts to get ahead," but the trick is to get him to put his mind to it.

"He's cantankerous and has to be kept in the mood," she said.

Catching these children "in the mood" is the theme of the school's educational approach. That, and lots of love.

The educational program is relaxed, and the open classroom designed to stimulate each child's abilities.

Many legally blind children are wearing glasses for the first time to capitalize on the bit of sight they have. They are encouraged to use their eyes in games or lessons involving color squares.

Blocks of every size and shape and texture teach tactile skills as well as motor ability.

Music helps too. For instance, child care worker Jim Lenkner, sits on the floor, strumming a guitar and singing a gentle song:

"If you're happy and you know it, clap your hands; if you're happy and you know it, nod your head . . . and so on."

Comes in Tiny Steps

Pretty soon all the children are strumming the guitar and singing.

It doesn't sound spectacular, but when a psychotic blind child forgets himself long enough to sing and come close to other children, it's an important step in his social progress.

Dr. Klineman said that in education so specialized, progress comes in tiny steps, never big leaps.

For instance, child care worker Debbie Weiss is working with an extremely psychotic blind boy who is so far away in his own world that he never communicates in any way.

Debbie says it's a victory if he lets her hold his hand, or if he smiles at all.

"I just spend the time talking—about all kinds of things. I think he knows and feels more than he'll ever say. I keep hoping I'll get through to the real Bobbie locked inside," she says.

Another instructor, Sandra Fox, approves of the open classroom because it's enabled her to share the child's problems on a closer basis. She works with an extremely withdrawn blind child.

"I play with him, tickle him, kiss him, love him — in other words, I'm trying to humanize him. I believe you start where the child is—before he was in a vacuum, so I tried to pull him out.

"Now he goes up to another child. He responds to me a little. He's reaching out. I hope we can reach him."

Plenty of role playing goes on. The children pretend at going to the doctor, to the dentist, to the store. They actually mix and cook things — like pancakes and cookies — then they eat what they cook.

Simple Techniques

The children get rewards — bits of candy or fruit — for learning simple things, but vital things for living in the world — elementary manners, how to eat and chew, dress and undress, toilet habits, and so on.

The educational techniques are based on repetition and must be elaborately simple. There are 18 steps in teaching such a child to wash his hands. Such elemental procedures are mapped for teaching locomotion, body image, socialization and all the other things that are part of life.

"It takes infinite patience. Some of our child care workers can work just so long — then they have to step and go someplace for a breather," Dr. Klineman said.

"The blind multiply handicapped can't be overwhelmed by too many experiences at once. They have to be led carefully along until doing a thing becomes part of life, becomes a good habit."

Although Dr. Klineman is an intensely optimistic person, she admits that she must be realistic too.

Can't Help All

"We like to do everything imaginable to help a child, and we try every test and every technique we can dream up. But if after a certain time, a child doesn't respond, then we know the institution is the answer. We must concentrate on children we can help," she said.

She insists, however, that most retarded children — blind with multiple handicaps — can be taught to take care of their basic needs.

"Then if he has to be placed in an institution," she said, "He'll have a little dignity. He'll be some kind of a human being. He won't be treated like a little freak."

The team approach coordinated by Dr. Klineman is essential to the success of the program.

"Without the skills and experience, the dedication and gentle loving approach of our entire staff, we couldn't get to these children and help them develop to their fullest potential," Dr. Klineman said.

She is confident the $600,000 fund drive for the new evaluation center will be a success, and that even more of these special children can be reached.

THE END

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